

A000000001257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

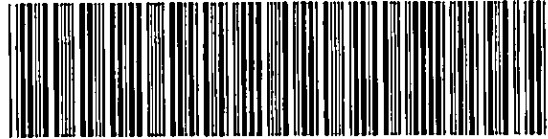
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2017 NOV -6 AM 9:34



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11/07/17--01011--017 **\$1.50

11/20/17--01003--006 **1.00

NOV 17 2017

NOV 17 2017

FILED

NOV 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2017

STEVEN CRAIG BEST
2901 W BUSCH BLVD
SUITE 301
TAMPA, FL 33618

SUBJECT: BEST FAMILY LIMITED PARTNERSHIP
Ref. Number: A00000001257

We have received your document for BEST FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$51.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$1.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 717A00022657

NO COPY TO BE FILED

11/13/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Family Limited Partnership

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Steven Craig Best

Contact Person

Best Family Limited Partnership

Firm/Company

2901 W. Busch Blvd., Suite 301

Address

Tampa, FL 33618

City, State and Zip Code

scbest63@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Craig Best

770

676-4149

at ()

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Best Family Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 5 August 2013, assigned Florida document number A00000001257, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

2901 W. Busch Blvd., Suite 301

Tampa, FL 33618

New Mailing Address:

(May be post office box)

2901 W. Busch Blvd., Suite 301

Tampa, FL 33618

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Harold L. Harkins, Jr.

New Registered Office Address:

2901 W. Busch Blvd., Suite 301

Enter Florida street address

Tampa

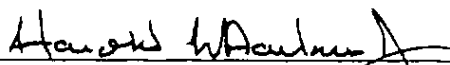
City

, Florida 33618

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	Mary L. Best	1880 N. Crystal Lake Dr, Ste 45 Lakeland, FL 33801-5974	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<hr/>	Steven Craig Best	1880 N. Crystal Lake Dr, #45 Lakeland, FL 33801-5974	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<hr/>	Keristen Eldridge	51 William Dr. Cartersville, GA 30120	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<hr/>			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<hr/>			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<hr/>			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.*

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

x Mary L. Best G.P.

Signature(s) of all new or dissociating general partner(s), if any:

Stacy Best GP

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75