

A00000001587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

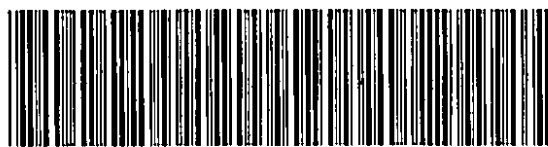
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600312514516

05/01/18--01019--003 **52.50

2018 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunkiss Citrus Ltd.

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:

Philip P. Safron

Contact Person

Firm/Company

1384 Tremont Ter.

Address

Port Charlotte, FL 33953

City, State and Zip Code

Safron1958@hotmail.com

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

For further information concerning this matter, please call:

Philip P. Safron

at (941) 626-1462

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**

Sunkiss Citrus Ltd.

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 October 11, 2000, assigned Florida document number A00000001587, 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)

New Mailing Address:

(May be post office box)

Philip P. Safron

1384 Tremont Ter.

Port Charlotte, FL 33953

2018 MAY -1 AM 11:40
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

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:

Philip P. Safron

New Registered Office Address:

1384 Tremont Ter.

Enter Florida street address

Port Charlotte, Florida 33953

City

Zip Code

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.

Philip Saffron

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

Page 2 of 3

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

John E. Safron is no longer a limited partner.

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.)

Gail Manley

Gail Manley
2018 MAY - 1 AM 11:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Gail Manley

Philip P. Safron

Gail Manley
Philip P. Safron

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