A0000001790

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	:

Office Use Only



600262462196

07/21/14--01050--007 **8052.50

SECRETARY OF STAFF

T Burch JUL 2 5 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CLS Asset Managment, LLLP		
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:		
Kenneth A. Tomchin		
Contact Person		
Tomchin & Odom, P.A.		
Firm/Company		
6816 Southpoint Parkway, Suite 400		
Address		
Jacksonville, FL 32216		
City, State and Zip Code		
tomchin@tomchinandodom.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Ken Tomchin at (904) 353-6888		
Name of Contact Person Area Code and Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee Certified Copy Certified Copy, and Certificate of Status		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327		
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314		
Tallahassee FI 32301		

CERTIFICATE OF AMENDMENT

SECRETARY	14 JUL 21	
m <u>o</u>	-P	П
STATE	5.1:4	O

		TO			<u></u>	Cractata
CERTIFICA	ATE OF	LIMITED PARTN	ERSHIP	WE T		65:4M324
		OF	•	AR,	2	UCLANATA I
CLS	Asset	sset Managment, LLLP			-P	
		ile with Florida Departme		FLOR	S7:1	
Pursuant to the provisions of section 62 limited liability limited partnership, wh 11/28/2000, assadopts the following certificate of amer	ose certif signed Fl	icate was filed with to orida document numb	he Florida Der per <u>A00</u>	oartment o 0000017	ip or f State	e on,
This amendment is submitted to amend the	following:					
A. If amending name, enter the new nar here:	ne of the	limited partnership o	r limited liabili	ty limited j	<u>oartne</u>	<u>rship</u>
New name must be	e distinguis	shable and contain an acce	eptable suffix.			
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnersh B. If amending mailing address and/ principal office address here:	ip suffixes:	Limited Liability Limited	l Partnership, L.L			ıd/or
New Principal Office Add	dress:	6020 San Jose B	oulevard		_	
. (Must be STREET address)		2nd Floor Jacksonville, FL	32217		_ _	
New Mailing Address: (May be post office box)		6020 San Jose B 2nd Floor	oulevard	•	_	
(11.1.) 22 2001 (3) 100 00.1)		Jacksonville, FL	32217		<u> </u>	
C. If amending the registered agent and new registered agent and/or the new regis	-		n our records,	enter the r	iame (of the
Name of New Registered Agent:	Kenı	neth A. Tomchin			_	
New Registered Office Address:	6816	Southpoint Parkwa			_	
		Enter Florid	a street address			
		Jacksonville	, Florida	32216		
		City	7	in Codo		

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<u>GP</u>	Brownstone Developers LLC	6020 San Jose Boulevard 2nd Floor Jacksonville, FL 32217	Remarke To
GP	Linda L. Stanley	4424 Kelnepa Dr. Jacksonville, FL 32207	☐ Ade Sive
<u>GP</u>	Catherine L. Stanley, Deceased	4424 Kelnepa Dr. Jacksonville, FL 32207	Add Remove
			_ Add _ Remove
 			_ Add _ Remove
			_
	d partnership or limited liabilit hip" status, enter change here:	y limited partnership is amen	ding its "limited li

Effective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days af State.)	fter the date this document is filed by the Florida Department
,	
	7
Signature(s) of a general partner or all general	l partners*:
*NOTE: Only one current general partner is required to s	sign this document unless the limited partners in its adding or
emoving a "limited liability limited partnership" election s when adding or removing a "limited liability limited partne	statement. Chapter 620, F.S., requires all general partners to rship" election statement.)
Impor I Stanley	E GRA
MNDA L. STANLEY	5
2:	(2) 15
Signature(s) of all new or dissociating general	<u>partner(s), it any:</u> BROWNSTONE DEVELOPERS, LLC
Inde I Stanley	
LINDA L. STANLEY	BY BRENT W. BROWN, its MGRM
	-
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	•
Certificate of Status (optional): \$8.75	