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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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C. GOLDEN



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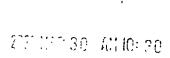
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		COVE	R LETTER		
TO:	Registration S Division of Co		•		a
SURI	ECT: The Mayh	ew Family Limited Partne	ership		
5020	Nan	e of Florida Limited Part	nership or Limited	Liability	Limited Partnership
The er	nclosed Certific	ate of Amendment an	d fee(s) are sub	mitted f	or filing.
Please	e return all corre	spondence concernin	g this matter to:		
Janette	McCurley			_	
		Contact Person		_	
B Gray	/ Gibbs PA			_	
		Firm/Company			
100 2n	d Ave S., Ste 707			_	
		Address			
St Pete	ersburg, FL 33701				
_	Ci	ty, State and Zip Code		_	
mflpp	roperties@gmail.c	om			
E	-mail address: (to b	oc used for future annual i	report notification)	_	
For fu	rther information	on concerning this ma	tter, please call:		
Janette	McCurley		at ( 727	892-9	901
	Name of Contac	t Person		nd Dayti	me Telephone Number
Enclos	sed is a check fo	or the following amou	int:		
<b>\$</b> 52	.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Co		□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Regist Divisi P.O. E	ng Address: tration Section on of Corporati Box 6327 tassee, FL 3231		Regist Division The Co 2415 N	entre of N. Moni	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



The Mayhew Family Limited Partnership		
Insert name currently on	file with Florida D	epartment of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certicol/05/2001, assigned Fl	ficate was filed orida document	with the Florida Department of State on number A01000000024
adopts the following certificate of amendment to	o its certificate of	of limited partnership.
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the here:	limited partner	ship or limited liability limited partnership
New name must be distingui:	shable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes.		
B. If amending mailing address and/or princ <u>principal office address here</u> :	ipal office add	ress, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registe registered agent and/or the new registered office a		ss on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		, Florida
	City	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),	<u>enter</u>	the name	and	<u>business</u>	address	of each	ı general	partner	being
ade	ded or removed fr	om our	records:									

<u>Title</u>	Name	Address	Type of Action
			_
			_
			_
			_
			_
			_

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

- **D** 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 info Article 4- TERM OF PARTNERSHIP	rmation, enter	change(s)	here: (Attac	h additional sl	heets, if necessary.)
The Partnership was formed pursuant to	the Florida Revis	ed Uniform	n Limited Parti	nership Act on l	December 31, 2000, and
its term shall terminate no later than Janu	uary 1, 2040, unle	ss extende	d by unanimou	is approval of a	ll Partners, at which
time the Partnership is to be dissolved ar	nd its affairs wour	nd up, unles	ss sooner termi	nated as provid	led in this Agreement.
Effective date, if other than the da (Effective date cannot be prior to nor mo				nt is filed by the	Florida Department of
State.) Note: If the date inserted in this block do be listed as the document's effective date				requirements, th	nis date will not
Signature(s) of a general partne	r or all genera	l partne	<u>rs*:</u>		
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liability".	nership" election	statement.	Chapter 620, I	F.S., requires al	
Boian A: May hew	G.P.				
Signature(s) of all new or dissoci	iating general	partner	(s), if any		
	<del></del>				
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				