A01000000530

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2/1/10

FILED
10 JAN 11 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB - 9 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM F SUTTON FAMILY LIMITED PARTNERSHIP LLP
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:

JOSEPH S LAFATA CPA
Contact Person

LAFATA AND COMPANY CPAS
Firm/Company

5300 W CYPRESS ST SUITE 247
Address

TAMPA FL 33607
City, State and Zip Code

JSLCPA@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH S LAFATA CPA at (813) 289-7779
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2010

JOSEPH S. LAFATA CPA
5300 W CYPRESS STREET
SUITE 247
TAMPA, FL 33607

SUBJECT: WILLIAM F. SUTTON FAMILY LIMITED PARTNERSHIP, LLP
Ref. Number: A01000000530

We have received your document for WILLIAM F. SUTTON FAMILY LIMITED PARTNERSHIP, LLP and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00001003

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED
10 JAN 11 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILLIAM F SUTTON FAMILY LIMITED PARTNERSHIP, LLLP
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 4/19/2001, assigned Florida document number A01000000530, 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) _____
_____

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: _____

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), enter the name and business address of each general partner being added or removed from our records:

Title	Name	Address	Type of Action
GP	HELEN C SUTTON	7853 GUNN HWY #394 TAMPA FL 33626	☐ Add ☑ Remove
GP	WILLIAM F SUTTON JR	7853 GUNN HWY #392 TAMPA FL 33626	☑ Add ☐ Remove
LP	CAROL A SUTTON	7853 GUNN HWY #392 TAMPA FL 33626	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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: ~~DECEMBER 31, 2009~~ FEBRUARY 1, 2010
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.)

William F Sutton Jr

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10 JAN 11 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

William F Sutton Jr AS PERSONAL REP

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

IN THE CIRCUIT COUTY FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF

HELEN C. SUTTON **File Number** 09-1740

Deceased. **Division A**

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, HELEN C. SUTTON, a resident of Hillsborough County, Florida, died on July 19, 2009, owning assets in the State of Florida, and

WHEREAS, WILLIAM F. SUTTON, JR., has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I the undersigned circuit judge, declare WILLIAM F. SUTTON, JR., duly qualified under the laws of the State of Florida to act as personal representative of the estate of HELEN C. SUTTON, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent, to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED ON August 6, 2009

Circuit Judge

Jeffrey C. Adams, Esq.
Attorney for Personal Representative

Florida Bar No. 488313
Address: 8491 121 Ave. N.
Largo, FL 33773
Telephone: 727-482-1140

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE AND THE SAME IS IN FULL FORCE AND EFFECT
THIS 7 DAY OF Aug 20 09

PAT FRANK
CLERK OF THE CIRCUIT COURT
BY D.C.
AS DEPUTY CLERK

2009 AUG -7 AM 9:34