Florida Department of State Physicing of German State Physicing Cover Sheet 536

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From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076666002140 Phone : (727)461-1818 Fax Number : (727)441-8617

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: christopherd@jpfirm.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION WILLIAM F. SUTTON FAMILY LIMITED PARTNERSHIP, LLP

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COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: WILLIA	M F. SUFTON FAMILY I une of Florida Limited Part	IMITED PARTNERS	HTP, LLP		
No.	une of Florida Limited Part	nership or Limited Lial	pility Limited Partnership		
The enclosed Certifi	cate of Amendment an	d fee(s) are submitt	ed for filing.		
Please return all con	respondence concernin	g this matter to:			
CHRISTOPHER R. DI	•				
	Contact Person	•			
JOHNSON POPE BOK	OR RUPPEL & BURNS, I	TS			
	Firm/Company				
400 NORTH ASHLEY	DRIVE, SUITE 3100				
Address					
TAMPA, FLORIDA 33	TAMPA, FLORIDA 33602				
(City, State and Zip Code				
christopherd@ynfirm.co					
E-mail address: (to	be used for future annual	report notification)			
For further information concerning this matter, please call:					
Christopher R. Dingman, Esq.		at (813)2	25-2500		
Name of Conta	ct Person	Area Code and I	Daytime Telephone Number		
Enclosed is a check for the following amount:					
\$\$2,50 Filing Fee	EB61.25 Piting Fee and Certificate of Status	OS105.00 Filing Fe and Certified Copy			
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Division The Cent 2415 N. A	Idress: ion Section of Corporations to of Tallahassee Monroe Street, Suite 810 ee, FL 32303		

DocuSign Envelope ID. 0857F738-A93F-450F-A71D-181E5BA947E5

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

WILLIAM F. SUTTON FAMILY LIMITED P		(0)
Insert name currently on i	ne with r lorida Læpsiti	nent of State
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 04/19/2001 assigned FI	icate was filed with orida document nun	the Florida Department of State on their A01000000530
adopts the following certificate of amendment to	its certificate of fin	nited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited partnership
SHILOH SPRINGS FARM, LLLP		
New name must be distinguis	hable and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, Limited Liability Limit	or Ltd od Partnerskip, U.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office address,	
Nov. Dainsing Coffee & Litera		2024 [64
New Principal Office Address: (Must be STREET address)		
,		2
New Mailing Address:		
(May be post office box)		
	#\ \delta\chi\chi\chi\chi\chi\chi\chi\chi\chi\chi	
		G
C. If amending the registered agent and/or registered agent and/or the new registered affice as	red office address on ddress here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida
··········	Clhr	, Florida Zip Code

Page 1 of 3

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

		If Changing Registered Ages	ot, Signature of New Register
wending t	he general partner(s), enter the p	name and business addre	ss of each general par
tle	Name	Address	Type of Action
••••••	<u> </u>		
			LI Remove
•••••			☐ Add ☐ Remove
			Q Add
			☐ Add
		401000	☐ Add

Page 2 of 3

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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F. If amending any other info	rmation, en	er change(s) here: (Attach additional sheets, if necessary)
	·	

	••••••	
Effective date, if other than the dat (Effective date cannot be prior to nor mot	te of filing: re than 90 da	s after the date this document is filed by the Florida Department of
State.)		e applicable statutory filing requirements, this date will not
be listed as the document's effective date	on the Depar	ment of State's records.
Signature(s) of a general partner	or all gen	gral partners*:
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi	norship" elect	to sign this document unless the limited partnership is adding or on statement. Chapter 620, F.S., requires all general partners to sign statement.)
By: WWW SUTTON		
Name: William F. Sutton, Jr.		
its: General Partner		
4/25/2024		
Signature(s) of all new or dissoci	iating gene	al partner(s), if any:

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************
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