AD100001416

| (Requestor's Name) | | | | |
|-----------------------------------------|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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06/11/15--01003--01i **51.25



S. YOUNG

COVER LETTER

| TO: Registration Section | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|--|
| Division of Corporations Foster E Heath Family | Limited Liability Limited Partnership (original) | | | |
| SUBJECT: Heath FamilyLimited Liability Limited Partnership (change in name) 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 concern | ning this matter to: | | | |
| Caroline Schichtel Contact Person | | | | |
| Heath Family Limited Liability L Firm/Company | imited Partnership | | | |
| 328 S Ingraham Ave | | | | |
| Address Lakeland, FL 33801 | | | | |
| City, State and Zip Code | | | | |
| cschichtel6@aol.com | | | | |
| E-mail address: (to be used for future annual | al report notification) | | | |
| For further information concerning this n | natter, please call: | | | |
| Caroline or Bill Schichtel Name of Contact Person | at (<u>863</u>) 682-0111 Area Code and Daytime Telephone Number | | | |
| Enclosed is a check for the following am | ount: | | | |
| \$52.50 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status | | | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | | | |
| Tallahassee, FL 32301 | | | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Foster E Heath Family Limited Liability Limited Partnerhsip

Insert name currently on file with Florida Department of State

| | orida Statutes, this Florida limited partnership or cate was filed with the Florida Department of State on rida document number _A01000001416, |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| adopts the following certificate of amendment to i | |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the li</u> <u>here</u> : | mited partnership or limited liability limited partnership |
| | ability Limited Partnership able and contain an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L | ip. Limited. L.P., LP, or Ltd. |
| B. If amending mailing address and/or princip principal office address here: | pal office address, enter new mailing address and/or |
| New Principal Office Address: (Must be STREET address) | |
| New Mailing Address: | |
| (May be post office box) | <u>्रात हा</u> |
| C. If amending the registered agent and/or registenew registered agent and/or the new registered office | red office address on our records, enter the name of the e 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.

| <u> Fitle</u> | <u>Name</u> | Address | Type of Action |
|---------------|--------------|----------|-------------------------|
| | | | Add Remove |
| · | | | Add Add Remove |
| | | | Add Remove ₄ |
| | | <u> </u> | Add Remove |
| | | | Add Remove |
| | | | Add Remove |

| F. If amending any other information, enter chan | age(s) here: (Attach additional sheets, if necessary.) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| name change only (dropping "Foster | E") |
| | |
| | |
| | |
| Effective date, if other than the date of filing: | |
| (Effective date cannot be prior to nor more than 90 days after the State.) | he date this document is filed by the Florida Department of |
| Signature(s) of a general partner or all general pa | ortners*: |
| (*NOTE: Only one current general partner is required to sign tremoving a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership" | ment. Chapter 620, F.S., requires all general partners to sign |
| · Cindry 4. Sehickto | · An |
| Caroline H. Schichtel | William L. Schichtel, Jr. |
| | |
| | |
| Signature(s) of all new or dissociating general par | tner(s), if any: |
| | |
| | |
| | |
| | |
| | |
| | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 | (I) 61.25 = = = = = = = = = = = = = = = = = = = |
| Certificate of Status (optional): \$8.75 | \$122 FR 55 |