

A010000001669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

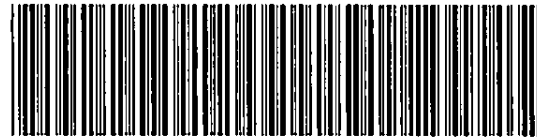
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200426312402

LP Amend

6:02 PM 03/28/2024

FILED
2024 MAR 28 AM 10:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAR 28 AM 11:31
RECORDING SERVICE
TALLAHASSEE, FLORIDA

A. RAMSEY
MAR 29. 2024



Attorneys and Counselors at Law
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March 28, 2024

VIA HAND-DELIVERY

Florida Secretary of State
Division of Corporations
2415 N Monroe St
Suite 810
Tallahassee, FL 32303

Re: Filing of Amendment to Limited Partnership
DLV Family Enterprises, LTD., LLLP

Dear Ms. Culligan:

Enclosed please find an Amendment to DLV Family Enterprises, LTD., LLLP for processing. A check in the amount of \$105 to cover the *fee and a Certified Copy* is also provided.

I will come by in person to pick up all documents pertaining to this filing.

Please do not hesitate to contact me regarding this filing should you have any questions.

Sincerely,

/s/ Maura Anderson
Paralegal at Ausley & McMullen
manderson@ausley.com
(850) 425-5350

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLV FAMILY ENTERPRISES, LTD., 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:

Sarah S. Butters, Esquire

Contact Person

Ausley & McMullen, P.A.

Firm/Company

123 S. Calhoun Street

Address

Tallahassee, FL 32301

City, State and Zip Code

manderson@ausley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maura Anderson

at (850) 425-5350

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED

2024 MAR 28 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DLV FAMILY ENTERPRISES, LTD., L.L.P.

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 12/21/2001, assigned Florida document number A01000001669, 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:

N/A

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

N/A

(Must be STREET address)

New Mailing Address:

N/A

(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:

Jean P de la Valdene

New Registered Office Address:

606 Robin Lane

Enter Florida street address

Havana

City

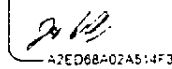
Florida 32333

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.

DocuSigned by:



A2ED68A02A514F3

 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Jean P de la Valdene, Trustee	606 Robin Lane Havana, FL 32333	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Therese de la Valdene, Trustee	606 Robin Lane Havana, FL 32333	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Guy de la Valdene, Trustee	606 Robin Lane Havana, FL 32333	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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.)

The General Partners, Guy de la Valdene and Therese de la Valdene are deceased. The Guy de la Valdene Revocable Trust dated March 3, 2023 appoints Jean P de la Valdene as the successor Trustee.

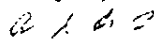
Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

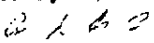
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

DocuSigned by

A2ED68A07A514F3

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

DocuSigned by

A2ED68A07A514F3

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