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(City/State/Zip/Phone #)

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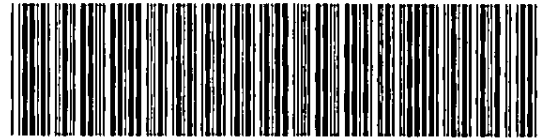
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DALLAS TEXAS

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D COWELL



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Naples, Florida 34109
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Fax 239-434-4999
www.quarles.com

Attorneys at Law in
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Indianapolis
Madison
Milwaukee
Minneapolis
Naples
Phoenix
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 239-434-4903
E-Mail: Dallas.Klemmer@quarles.com

June 9, 2022

VIA UPS OVERNIGHT

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

RE: Lindsay Carol Wesley Limited Partnership

Dear Sir or Madam:

Enclosed please find the form cover letter, Certificate of Amendment and filing fee of \$52.50 with respect to the above-referenced limited partnership.

Also enclosed please find a copy of this letter and a self-addressed, stamped envelope. Please date/receipt stamp the copy of this letter and return it to our offices using the enclosed envelope.

Please process this request at your earliest convenience. You may direct any further communication regarding this matter to our office, as provided on the form cover letter.

Very truly yours,

A handwritten signature in black ink, appearing to be "Dallas E. Klemmer", written over a horizontal line.

Dallas E. Klemmer

Enclosures as stated
cc: Ms. Lindsay Carol Wesley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINDSAY CAROL WESLEY LIMITED PARTNERSHIP
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:

KIMBERLY LEACH JOHNSON

Contact Person

QUARLES & BRADY LLP

Firm/Company

1395 PANTHER LANE SUITE 300

Address

NAPLES, FL 34109

City, State and Zip Code

LCWESLEY@GMAIL.COM

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

For further information concerning this matter, please call:

KIMBERLY LEACH JOHNSON at (239) 262-5959
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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**

LINDSAY CAROL WESLEY LIMITED PARTNERSHIP

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 03/13/2002, assigned Florida document number A02000000347, 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)

298 SUNRISE VALLEY ROAD
GREENVILLE, SC 29617

2022 JUN 10 PM 24 03
FILED
CLERK OF COURT
JANET L. HARRIS

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>DONALD F. WAGGONER</u> <u>IRREVOCABLE TRUST F/B/O</u> <u>LINDSAY CAROL WESLEY</u> <u>DATED 04/28/2022</u>	<u>1252 GORDON RIVER TRAIL</u> <u>NAPLES, FL 34105</u> _____	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>DON & ZELMA WAGGONER</u> <u>ENTERPRISES, INC.</u>	<u>1252 GORDON RIVER TRAIL</u> <u>NAPLES, FL 34105</u> _____	<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
_____	_____	_____ _____ _____	<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.)*

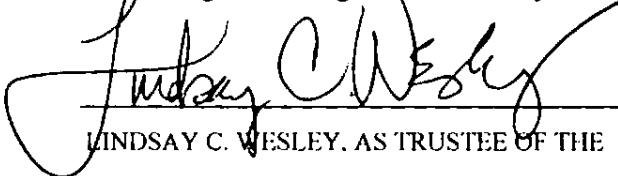
Effective date, if other than the date of filing: _____

(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.)



LINDSAY C. WESLEY, AS TRUSTEE OF THE

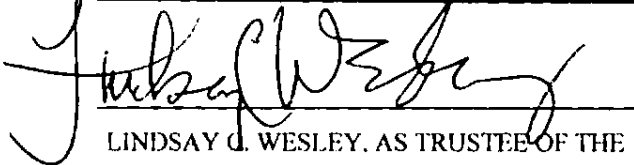
DONALD F. WAGGONER IRREVOCABLE
TRUST F/B/O LINDSAY CAROL WESLEY
DATED 04/28/2022



DONALD F. WAGGONER, AS PRESIDENT OF

DON AND ZELMA WAGGONER
ENTERPRISES, INC.

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



LINDSAY C. WESLEY, AS TRUSTEE OF THE

DONALD F. WAGGONER IRREVOCABLE
TRUST F/B/O LINDSAY CAROL WESLEY
DATED 04/28/2022



DONALD F. WAGGONER, AS PRESIDENT OF

DON AND ZELMA WAGGONER
ENTERPRISES, INC.

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