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· (Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. Tadlock MAR 2 K 2008



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2008

RICHARD PALADINO, ESQUIRE ROGERS, DEMPSEY AND PALADINO 505 S. FLAGLER DR., SUTIE 1330 WEST PALM BEACH, FL 33401

SUBJECT: REYNOLDS FAMILY LIMITED PARTNERSHIP

Ref. Number: A0200000704

We have received your document for REYNOLDS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$3000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the limited partnership is no longer available. The limited partnership must submit an amendment changing its name. Both the reinstatement and amendment must be submitted simultaneously.

Also, the gneral partner must be reinstated prior to the filing of this document.

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) 245-6911.

Letter Number: 208A00014554

Brenda Tadlock Senior Section Administrator

COVER LETTER

TO: Registration : Division of C				
	nolds Family L			
(Na	me of Florida Limited Part	nership or Limited Liabili	ty Limited Partnership)	
The enclosed Certific	cate of Amendment an	d fee(s) are submitted	for filing.	
Please return all corr	respondence concernin	g this matter to:		
Richard Palac				
	(Contact Person)			
Rogers, Demps	sey and Paladin	0		
	(Firm/Company)			
505 South Fla	agler Drive, Su	ite 1 <u>3</u> 30		
	(Address)			
West Palm Bea	ach, Florida 33	401		
	City, State and Zip Code)			
For further informati	on concerning this ma	tter, please call:		
Richard Palad	lino	at (561)	655-8980	
(Name of Conta	act Person)	(Area Code and D	655-8980 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 ADDRES	S:	MAILING.	ADDRESS:	
Registration Section		Registration		
Division of Corporat	ions		Corporations	
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Reynolds Family Limited Partnership

(Insert name currently on f	ile with Florida Department of State)	07
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif May 17, 2002, adopts the flimited partnership.	icate was filed with the Florida De	partment of State on
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnership or limited liabil	ity limited partnership
Andale Reynolds Limited Part	nership	
(New name must be distinguish	hable and contain an acceptable suffix.))
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes;		L.L.P. or LLLP.
B. If amending the registered agent and/or regist new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	505 S. Flagler Drive, (Enter Florida street addr	
·	West Palm Beach, Florida (City)	33401 (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)

C. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records: Type of Action **Title** Name **Address** Add Remove Add Remove Add Remove Remove Add Remove ☐ Add ty

	Remove
 If the limited partnership or limited liability limited partnership" status, enter change here: 	ited partnership is amending its "limited liability
This Limited Partnership hereby elects to be a "Lim	ited Liability Limited Partnership."
This Limited Partnership hereby removes its "Limit	ed Liability Limited Partnership" status.
NOTE: If adding or removing" limited liability limited partners	chip" status, all general partners must sign this amendment.)
. If amending any other information, enter change(s) he	ere: (Attach additional sheets, if necessary.)

Effective date, if other than the dat (Effective date cannot be prior to nor mod State.)	te of filing: re than 90 days afte	er the date this a	locument is filed by	the Florida Department of
Signature(s) of a general partner	r or all general	partners*:		
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi	nership" election st	atement. Chapte	er 620, F.S., require	partnership is adding or s all general partners to sign
Moural				
Andrew Reynolds, Man	ager of			
Andale Reynolds, LLC	- General			
Partner				
Signature(s) of all new or dissoci				
	 			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			