

A020000001172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

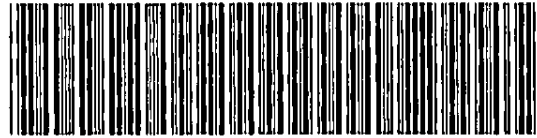
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600327229896

04/09/19--01026--019 \*\*52.50

R. WHITE

APR 16 2019

FILED  
2019 APR -9 PM 12:18  
FBI - MEMPHIS

# Bivins & Hemenway, P.A.

Attorneys At Law

1060 Bloomingdale Avenue, Valrico, Florida 33596 • Office: 813-643-4900 • Fax: 813-643-4904

April 8, 2019

**VIA FEDEX**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Certificate of Amendment to Certificate of Limited Partnership  
for The JRM Limited Partnership / Florida Document Number: A02000001172

Dear Sir or Madame:

Enclosed for processing is a *Certificate of Amendment to Certificate of Limited Partnership* for The JRM Limited Partnership, together with our firm's trust account check #3593 in the amount of \$52.50, for payment of the associated filing fees.

Please file the enclosed Certificate of Amendment and return the filed copy to my attention in the enclosed self-addressed, postage prepaid envelope.

Please let me know if you have any questions regarding this filing.

Very truly yours,



Robert W. Bivins

RWB/emw  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE JRM 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:

ROBERT W. BIVINS

Contact Person

BIVINS & HEMENWAY, P.A.

Firm/Company

1060 BLOOMINGDALE AVENUE

Address

VALRICO, FLORIDA 33596

City, State and Zip Code

BBIVINS@BHPALAW.COM

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

For further information concerning this matter, please call:

ROBERT W. BIVINS

at ( 813 ) 643-4900

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

FILED

2019 APR -9 PM 12:18

THE JRM 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 08/28/2002, assigned Florida document number A02000001172, 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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>PARTN</u>	<u>JOHN R. MILES</u>	<u>402 N. DORT ST.</u> <u>PLANT CITY, FL 33563</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PARTN</u>	<u>JOHN R. MILES, II</u>	<u>402 N. DORT ST.</u> <u>PLANT CITY, FL 33563</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PARTN</u>	<u>JRM &amp; JRM, II, INC.</u>	<u>402 N. DORT ST.</u> <u>PLANT CITY, FL 33563</u>	<input checked="" 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.)

JRM & JRM, II, INC.

By: \_\_\_\_\_

As its: \_\_\_\_\_

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

JOHN R. MILES

JOHN R. MILES, II

JRM & JRM, II, INC.

By: \_\_\_\_\_

As its: \_\_\_\_\_

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75