

AD2000001671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

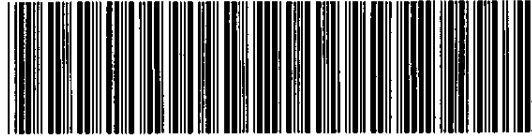
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AD2-1671
NC + Amend

03/08/16--01027--010 **52.50

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16 FEB 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 1 - 2016

N. CAUSSEAU



A02 - 1671

BANK OF AMERICA CENTER
390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801
TELEPHONE: 407.839.4200
FAX 407.425.8377
WWW.BROADANDCASSEL.COM

HELEN BROCK FORD
PARALEGAL
DIRECT LINE: 407.481.5222
DIRECT FACSIMILE: 407.425.8377
EMAIL: HFORD@BROADANDCASSEL.COM

January 26, 2016

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: P&M Gonzales, LLC
Gonzales Family Limited Partnership into Gonzales Family, LLLP

Dear Sir/Madam:

In response to your January 21, 2016 letter, please find our firm's check in the amount of \$25.00 together with all original enclosures and our firm's initial check in the amount of \$1,077.50 for the below filings:

1. Articles of Dissolution for P&M Gonzales, LLC; and
2. Certificate of Conversion for Gonzales Family Limited Partnership into Gonzales Family, LLLP, together with Certificate of Limited Partnership for Gonzales Family, LLLP.

If the enclosed now meets all filing requirements, please return a filed copy of each entity change to the undersigned. Thank you.

Sincerely,

Helen Brock Ford
Paralegal

/hbf

Enclosures

cc: Dr. and Mrs. Patrick P. Gonzales



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2016

HELEN BROCK FORD, PARALEGAL
BROAD AND CASSEL, BANK OF AMERICA CENTER
390 N. ORANGE AVE., SUITE 1400
ORLANDO, FL 32801

SUBJECT: GONZALES FAMILY LIMITED PARTNERSHIP
Ref. Number: A02000001671

We have received your document for GONZALES FAMILY LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

You are merely changing the name suffix from "LP" to "LLLP" which is a name change. Be sure to check the box to show that you elect to be an "LLLP" and include this suffix in the name.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 016A00001192



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2016

HELEN BROCK FORD, PARALEGAL
BROAD AND CASSEL, BANK OF AMERICA CENTER
390 N. ORANGE AVE., SUITE 1400
ORLANDO, FL 32801

SUBJECT: GONZALES FAMILY LIMITED PARTNERSHIP
Ref. Number: A02000001671

We have received your document for GONZALES FAMILY LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

You are merely changing the name suffix from "LP" to "LLLP" which is a name change. Be sure to check the box to show that you elect to be an "LLLP" and include this suffix in the name.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 016A00001192



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

HELEN BROCK FORD, PARALEGAL
BROAD AND CASSEL, BANK OF AMERICA CENTER
390 N. ORANGE AVENUE, SUITE 1400
ORLANDO, FL 32801

SUBJECT: GONZALES FAMILY LIMITED PARTNERSHIP
Ref. Number: A02000001671

We have received your document for GONZALES FAMILY LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

You failed to make the correction(s) requested in our previous letter.

You cannot convert a Florida limited partnership to a Florida limited partnership. The election of the suffix "LLLP" is merely a "STATUS." As stated before, you need to complete the amendment form changing name, and electing to be an "LLLP."

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 416A00002770



BANK OF AMERICA CENTER
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February 24, 2016

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Gonzales Family Limited Partnership
Reference No.: A020000001671

Dear Sir/Madam:

Enclosed please find a copy of your February 9, 2016 correspondence and the required original and one (1) copy of the Certificate of Amendment to Certificate of Limited Partnership of Gonzales Family Limited Partnership electing to be a "limited liability limited partnership." Also enclosed please find our firm's check in the amount of \$52.50 for the filing fee for such amendment. Please return a filed copy to the undersigned. Thank you.

Sincerely,

Helen Brock Ford
Paralegal

/hbf
Enclosures

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

GONZALES FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

FILED
16 FEB 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 December 24, 2002, assigned Florida document number A02000001671, 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:

GONZALES FAMILY, LLLP

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)

7400 Docs Grove Circle

Orlando, Florida 32819

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:

Meliza C. Gonzales

New Registered Office Address:

7400 Docs Grove Circle

Enter Florida street address

Orlando

City

Florida 32819

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>
_____	_____	_____	<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
_____	_____	_____	<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.

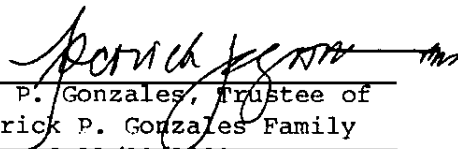
(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)*


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.)

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.)


Patrick P. Gonzales, Trustee of
the Patrick P. Gonzales Family
Trust dated 11/23/1998, AR


Meliza C. Gonzales, Trustee of the
Meliza C. Gonzales Family Trust dated
11/23/1998, AR

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

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

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DEPT. TREASURY OF STATE
TALLAHASSEE, FLORIDA