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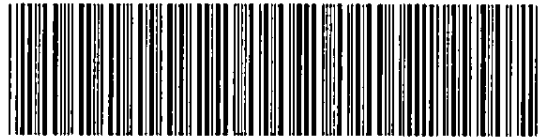
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TURNER & LYNN, P. A.**  
ATTORNEYS AT LAW

Vernon W. Turner (1917-2000)  
Sandra T. Lynn  
John Michael Lynn

7 Barracuda Lane  
Key Largo, FL 33037  
Telephone: (305) 367-0911  
Fax: (305) 367-0915

November 27, 2024

**VIA FEDERAL EXPRESS**

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

**Re: Phoebe vonP. Krome Family Limited Partnership  
Certificate of Amendment**

Gentlemen/Ladies:

Enclosed please find our Turner & Lynn, P.A. Fee check in the amount of **\$61.25** payable to Florida Department of State for the filing fee and certificate of status of Phoebe vonP. Krome Family Limited Partnership.

If you have any questions, please contact our office.

Very truly yours,

TURNER & LYNN, P. A.

By: /s/ John Michael Lynn, Esq.  
JOHN MICHAEL LYNN, ESQ.

JML/bt  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHOEBE VONP. KROME FAMILY 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:

John Michael Lynn, Esq.

Contact Person

Turner & Lynn, PA

Firm/Company

7 Barracuda Ln.

Address

Key Largo, FL 33037

City, State and Zip Code

turnerlynpa@gmail.com

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

For further information concerning this matter, please call:

John Michael Lynn

at (305) 367-0911

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**

PHOEBE VONP. KROME FAMILY 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 12/31/2002, assigned Florida document number A03000000037, 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:**

<u>New Principal Office Address:</u> (Must be STREET address)	<u>29420 SW 205 Avenue</u> <u>Homestead, FL 33030</u>
<u>New Mailing Address:</u> (May be post office box)	<u>29420 SW 205 Avenue</u> <u>Homestead, FL 33030</u>

**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:**

<u>Name of New Registered Agent:</u>	<u>PHOEBE JANFLONE</u>
<u>New Registered Office Address:</u>	<u>29420 SW 205 Avenue</u> <i>Enter Florida street address</i>
	<u>Homestead</u> , Florida <u>33030</u> <i>City Zip Code</i>

**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>
GP	MEDORA KROME, Deceased	29420 SW 205 Avenue Homestead, FL 33030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	PHOEBE JANFLONE	29420 SW 205 Avenue Homestead, FL 33030	<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
			<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.)

1. Michael J. Jaffe

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

1. Michael J. Jaffe

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

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