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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Strivers MAY 29 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2014

PATRICIA A MERRITT
28 WATER ST
ST AUGUSTINE, FL 32084

SUBJECT: TRICAT, LLLP
Ref. Number: A03000000172

We have received your document for TRICAT, LLLP and your check(s) totaling $113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive page 2 of the amendment application.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00010244

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRICAT LLLP
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:

PATRICIA A. MERRITT, GENERAL PARTNER
Contact Person

TRICAT LLLP
Firm/Company

28 WATER STREET
Address

ST. AUGUSTINE, FLORIDA 32084
City, State and Zip Code

pmerritt@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA A. MERRITT at (904) 806-1076
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

TRICAT LLLP

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 FEBRUARY 4, 2003, assigned Florida document number AA03000000172, 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)

_____
_____
_____

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TALLAHASSEE, FLORIDA

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:

Title	Name	Address	Type of Action
G.P.	TERESA R. MERRITT	25 JOINER STREET ST. AUGUSTINE FLORIDA, 32084	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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.)

Patricia A. Merritt

James T. Merritt

Teresa Rose Merritt

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

14 MAY 28 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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