

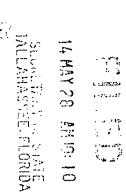
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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May 13, 2014

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

Division of Corporations		
SUBJECT:	TRICAT LLLP	
Name of Florida Limited Par	mership or Limited Liability Limited Partnership	
The enclosed Certificate of Amendment ar	nd fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to:	
PATRICIA A. MERRITT, GENERAL	L 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 ma	atter, please call:	
_	000 4070	
PATRICIA A. MERRITT Name of Contact Person	at (904) 806-1076 Area Code and Daytime Telephone Number	
	·	
Enclosed is a check for the following amo	unt:	
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Status \$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	rananassee, FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

TRIC	CAT LLLP		
Insert name currently on fi	ile with Florida Depa	rtment of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certif FEBRUARY 4, 2003, assigned Floadopts the following certificate of amendment to	icate was filed wi orida document ni	th the Florida Department of Sta umber <u>AA0300000172</u>	ate on
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the here:	limited partnershi	p or limited liability limited part	nership
New name must be distinguis	hable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners	ship, Limited, L.P., Li	P, or Ltd.	
Acceptable Limited Liability Limited Partnership suffixes:			d /o
B. If amending mailing address and/or principal office address here:	ipai omce addres	ss, enter new maining address:	<u>ina/or</u>
New Principal Office Address: (Must be STREET address)			*9**
New Mailing Address:		AHASS	e nesatr poliserate
(May be post office box)		F.0	Linepare
C. If amending the registered agent and/or registered			e of the
new registered agent and/or the new registered offi	ice address nere:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida 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 Regis	tered Agent, Signature	of New Registered	l 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>	Address	Type of Action
G.P.	TERESA R. MERRITT	25 JOINER STREET ST. AUGUSTINE FLORIDA, 32084	Add Remove
			_ Add _ Remove
			Add Remove
			Add TRemovex
			_ Add _ Removes
			_ ☐ Add _ ☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

Ш	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
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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 cha	nge(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 State.)	the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general p	artners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnersh	ement. Chapter 620, F.S., requires all general partners to sign
Tatricia Memo	Patricia A. Merritt James T. Merritt Teresa Rose Merritt
Jan 7. Mersill	JAMES T. Merritt
Trew Dilly	Teresa Rose Merritt
Signature(s) of all new or dissociating general pa	rtner(s), if any:
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And the second s	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	