A0300000324

(Re	equestor's Name)	
(Ad	ldress)	
(ΔΔ)	ldress)	
(//u	lulessj	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
•		
(Pu	siness Entity Nar	<u></u>
000	siless citity ival	ne)
		-
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	.	
Special Instructions to	Filing Officer:	
		•

Office Use Only



900185467489

09/23/10--01010--012 **61.25

DIVISION OF CORPORATION 59

SEP 24 2000

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Melvin O. Carter 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:
Kevin A. Kane Contact Person
Ivan, Cole, Bonnette & Kane, P.A. Firm/Company
• •
One Independent Drive, Suite 3131 Address
Jacksonville, Florida 32202 City, State and Zip Code
City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin A. Kane at (904) 358-3006
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee S113.75 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

SECRETARY OF STATE DIVISION OF CORPORATION

10 SEP 23 PH 1 59

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

MELVIN O. CARTER FAMILY LIMITED PARTNERSHIP Insert name currently on file with Florida Department of State

	orida Statutes, this Florida limited partnership or ate was filed with the Florida Department of State on ida document number
adopts the following certificate of amendment to it	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the linhere:	mited partnership or limited liability limited partnership
Melvin O. Carter Family Limit	ed Liability Limited Partnership
New name must be distinguisha	ble and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	
B. If amending mailing address and/or princip principal office address here:	al office address, enter new mailing address and/or
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 new registered agent and/or the new registered office	red office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	, Florida
· · · · · · · · · · · · · · · · · · ·	City Zin Code

New Registered Agent's Signature, if changing Registered Agent:

comply with the	provisions of all statutes	tered agent and agree to act in the relative to the proper and complons of my position as registered a	ete performance of my duties, and l				
		If Changing Registered A	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							
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
		<u></u>	Add Remove				
							
			Add Remove				
			Add Remove				
	·						
			AddRemove				
							

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

E. If the limited partnership or limited liability limited partnership is amending its "limited liability

✓ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

limited partnership" status, enter change here:

F. If amending any other inform	·	<u> </u>	•		- • • • •	
		·=··				
			· · · · · · · · · · · · · · · · · · ·			—
ffective date, if other than the date	of filing:					
Effective date cannot be prior to nor more	than 90 days aft	er the date th	s document is	filed by the Flori	da Department o	of.
ate.)						
ignature(s) of a general partner (or all general	partners*:				
NOTE: Only one current general partner						
moving a "limited liability limited partner pen adding or removing a "imited liabilit	rship" election st y limited partner	atement. Cha ship" electior	pter 620, F.S. statement.)	, requires all gene	eral partners to si	ıgn
1 OK						
MELVIN O'CARTER, President of the M	TI VINI					
SHERAN CARTER FAMILY CORPO						
						_
				سادم <u>س</u>		믕
						1
ignature(s) of all new or dissocia	ting general j	oartner(s),	<u>if any</u> :		SEP 23	型
					23	T 00
	<u>-</u>				<u> </u>	
					T	Ž
					9	3
	.					
_	\$52.50 \$52.50					
	N 7 7 3 11					