## A0300000712

| (Re                     | equestor's Name)   |             |  |  |
|-------------------------|--------------------|-------------|--|--|
| (Address)               |                    |             |  |  |
| (Ac                     | ddress)            |             |  |  |
| (Cir                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Ви                     | siness Entity Nar  | ne)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
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2018 APR 16 PM II: 3%
SECRETARY OF STATE OR IO

J. LEGGETT APR 1 8 2018

## **COVER LETTER**

| TO: Registration Son Division of Co          | prporations   |  |   |
|--|---|--|---|
| SUBJECT: J+ L                                | FAMILY PA   | ARTHERSHIP, L                              | LLP   |
| Nam  | ie of Florida Limited Part                          | nership or Limited Liabilit                | y Limited Partnership   |
| The enclosed Certification                   | ate of Amendment an                                 | d fee(s) are submitted                     | for filing.   |
| Please return all corre                      | • •   |  |   |
| Jerome C                                     | hessler   |  | ,   |
| Jerome C<br>JHU FAMILY                       | Contact Person  PARTHERSH                           | P, 111 P                                   |   |
| 770 S. PA                                    | Firm/Company  IM Ave                                | # 902                                      |   |
|  | Address   |  |   |
| SARA SOTA,                                   | FL 34.  | 236  |   |
| Ci   | ty. State and Zip Code                              |  |   |
| TChessler @<br>E-mail address: (to b         | CMAC. COM  be used for future annual i              | report notification)                       |   |
| For further information                      | on concerning this ma                               | itter, please call:                        |   |
| JEROME Che                                   | essler  | _at ( <u>94/</u> )_9                       | 57 -0123  |
| Name of Contact                              | Person  | Area Code and Day                          | time Telephone Number   |
| Enclosed is a check for                      | or the following amou                               | unt:                                       |   |
| 552.50 Filing Fee                            | □\$61.25 Filing Fee<br>and Certificate of<br>Status | □\$105.00 Filing Fee<br>and Certified Copy | ☐\$113.75 Filing Fee.<br>Certified Copy. and<br>Certificate of Status |
| STREET ADDRESS                               | S:  | MAILING .                                  | ADDRESS:  |
| Registration Section                         |   | Registration                               | Section   |
| Division of Corporati                        | ons   | Division of 0                              |   |
| Clifton Building                             | or Circula  | P. O. Box 63                               |   |
| 2661 Executive Cente<br>Tallahassee, FL 3230 |   | Tallahassee,                               | FL 32314  |

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

| J+L. FAMILY PARTNERSHIP, 122P Insert name currently on file with Florida Department of State  |
|---|
| 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 May 5, 2003 assigned Florida document number A0300000712. 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, <u>enter new mailing address and/or principal office address here</u> :   |
| New Principal Office Address:  (Must be STREET address)   |
| New Mailing Address:  (May be post office box)  New Mailing Address:  (May be post office box)  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: JEROME A. Chessler  |

770 S. PALM AVE, Six TE 902 Enter Florida street address

\_\_. Florida <u>34236</u> Zip Code

New Registered Office Address:

## 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>Titl</u> | <u>e</u>   | Name                         | <u>Address</u>  | Type of Action     |
|-------------|------------|------------------------------|---|--------------------|
| Ami Gen     | e FPK      | PANIO Chesster               | 259 CEDAR PARKE<br>SAMANA, FL 34242                           | AC U Add  □ Remove |
| fer Ger     | - PTME     | BRIAN CHES LEA               | 800 N. TAMIAMI TRAIL APT # 1109 SARASOTA, FL 34236            | Add Remove         |
|             |            |                              |   | Add Remove         |
|             |            |                              |   | Add Remove         |
|             | ·          |                              |   | Add Remove         |
| <del></del> | · <u>-</u> |                              |   | _                  |
| limited p   | artnership | " status, enter change here: | / limited partnership is amen a "Limited Liability Limited Pa |                    |

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

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

|  |   | •   | <u></u>   |
|--|---|---|---|
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| ·  |   |   |   |
|  |   |   |   |
| Effective date, if other than the da (Effective date cannot be prior to nor mo   | te of filing: APR                                 | 1 10, 2018  |   |
| State.)  |   | •   |   |
| <b>Note:</b> If the date inserted in this block do be listed as the document's effective date                                  | ses not meet the application of the Department of | ble statutory filing requirem<br>State's records. | ents, this date will not  |
|  | ,   |   |   |
|  |   |   |   |
| Signature(s) of a general partne   | <u>r or all general pa</u>                        | rtners*:  |   |
| (*NOTE: Only one current general part<br>removing a "limited liability limited part<br>when adding or removing a "limited liab | nership" election staten                          | nent. Chapter 620, F.S., requ                     | ited partnership is adding or<br>uires all general partners to sign |
| June G. P.   | Pers les  |   |   |
|  |   |   |   |
| /  |   |   |   |
|  |   |   |   |
|  |   | •   | 5 <b>2</b>  |
| Simon Annua (a) a C. D   | •   |   |   |
| Signature(s) of all new or dissoc  | iating general pari                               | iner(s), if any:                                  | FR 1  |
| B. Charles   |   |   | 888 <u>P</u>  |
| X. Charact   |   |   |   |
|  |   |   |   |
|  |   |   | 32<br>2002  |
|  |   |   |   |
|  |   |   |   |
| <b></b>  |   |   |   |
| Filing Fee:<br>Certified Copy (optional):  | \$52.50 -<br>\$52.50                              |   |   |
| Certificate of Status (optional):  | \$8.75  |   |   |