A03000000759

700439773167

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

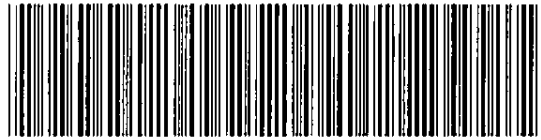☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

amend

Office Use Only

11/19/24--01029--018 **52.50

FILED
2024 NOV 19 PH 6: 30
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Ewing, LTD_
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:

William Dobbie
Contact Person

_N/A_
Firm/Company

804 Tide End Dr
Address

St Aug FL 32080
City/ State and Zip Code

BillDobbie01@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter. please call:

William Dobbie at (_904_) _501 7226_
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   ☐ $105.00 Filing Fee   ☐ $113.75 Filing Fee.
and Certificate of   and Certified Copy   Certified Copy, and
Status   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

Ewing , LTD

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 _____5/15/2003_____, assigned Florida document number _A03000000759_, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited partnership or limited liability limited partnership here</u>:

_____

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)
_____
_____

C. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____William Doohie_____

New Registered Office Address: _____804 Tides End Dr_____
Enter Florida street address

_____St Augustine_____, Florida _____32080_____
City   Zip Code

Page 1 of 3

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, <u>Signature of New Registered Agent</u>

D. If amending the general partner(s), <u>enter the name and business address of each general partner being added or removed from our records:</u>

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Irwin Hall	263 Treasure Beach Rd St Augustine FL 32080	☐ 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.)*
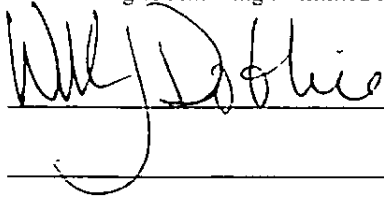
_____

_____

_____

_____

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.)
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.

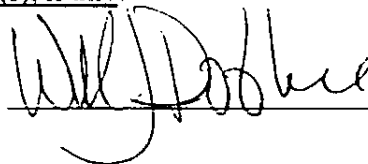## Signature(s) of a general partner or all general partners*:

(*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.)

_____   _____

_____   _____

_____   _____

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

Irwin Hall (DEC D)   _____

_____   _____

_____   _____

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