A03000000944

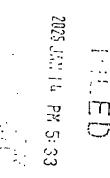
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
14		

Office Use Only



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COVER LETTER

TO: Registration S				
Division of C	•			
SUBJECT: Ge	rald W.S	cheublein	tamily LLL	
Na	me of Florida Limited Pa	rtnership or Limited Liability	y Limited Partnership	
The enclosed Certificate of Amendment and fee(s) are submitted for filing.				
Please return all corr	espondence concerni	ing this matter to:		
Lora f	Contact Person			
	Firm/Company			
1001 Ne	Ruberger R	<u> </u>		
Lutz,	FL 33	3549		
	City, State and Zip Code	il com		
E-mail address (40	be used for future annua	report notification)		
For further informati	on concerning this m	natter, please call:		
Melissat			25-4177	
Name of Conta	ct Person	Area Code and Day	time Telephone Number	
Enclosed is a check	for the following amo	ount:		
☐ \$52.50 Filing Fee	2861.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address:		Street Addre Registration		
Registration Section Division of Corporat		Division of (
P.O. Box 6327 The Centre of Tallahassee		of Tallahassee		
Tallahassee, FL 323	14		aroe Street, Suite 810	
		Tallahassee,	FL 32303	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

The Gerald W. Scheublein Family, LLLP
Insert name currently on file with Florida Department of State

limited liability limited partnership, whose	202, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State on led Florida document number Ao300000944
This amendment is submitted to amend the follo	
Acceptable Limited Partnership suffixes: Limited P Acceptable Limited Liability Limited Partnership st	principal office address, enter new mailing address and/or
C. If amending the registered agent and/or r registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	egistered office address on our records, enter the name of the new fice address here: Lora RiggS 100 Newberger Rd Enter Florida street address Lutz , Florida 33549 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:

<u>Title</u>	Name	Address	Type of Action
<u>6P</u>	Gerald W. Scheublein Trustee of Rev. Family Trust	Land o'Lakes FL	_ (TKemove)
GP	UTD. 4 [12] 1991 Karen K Schewble Trustee of Rev. Fai	mily Land o'Lakes F	-
GP	TWS+ UTD: 2/H1200 Loval K. Riggs	1001 Naubergers Lutz, FL 3354	Rd 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, e	nter 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 of State.) Note: If the date inserted in this block does not meet be listed as the document's effective date on the Dep	the applicable st	e this document is filed by the Florida Department of atutory filing requirements, this date will not s records.
be fisted as the document 5 effective date on the Bop		- · · · · · · · ·
Signature(s) of a general partner or all ge	eneral partne	rs*:
(*NOTE: Only one current general partner is required removing a "limited liability limited partnership" elewhen adding or removing a "limited liability limited liability limited"	ction statement.	Chapter 620, F.S., requires all general partners to sign
Head is Sable		
Raien Schului		
Signature(s) of all new or dissociating gen	neral partner	(s), if any:
Lova K. Riggo		
Barelo W Jehnse.	•	
Kalin Schuleli		
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		