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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
VALLAHASSEE, FIORIE

K. SALY FEB 1 7 2017

COVER LETTER

	tration Section on of Corporations				
SUBJECT: _	٨	DM Fa	mily, L	td.	
	Name of Florida Limited Pa	rtnership o	r Limited I	Liabilit	y Limited Partnership
The enclosed	Certificate of Amendment a	ind fee(s)	are subn	nitted	for filing.
Please return	all correspondence concerni	ng this m	atter to:		
	Jonathan Y. Rogers			-	
	Contact Person				
	ADM Family, Ltd. Firm/Company	<u>.</u>	<u> </u>	_	
-	3300 Philips Hwy.	-		_	
	laskaanvilla El 2220	17			
	Jacksonville, FL 3220 City, State and Zip Code) (_	
	nathan.rogers@macpape		ification)	_	
	formation concerning this m	•			
	nathan Y. Rogers	at (904	_)	348-3334
Name	of Contact Person	Ai	ea Code a	na Day	time Telephone Number
Enclosed is a	check for the following amo	ount:			
\$52.50 Filing	s Fee \$61.25 Filing Fee and Certificate of Status		5.00 Filing ertified Cop		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET AL Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	Section Corporations ing ve Center Circle		Regist Division P. O. F	ration on of G Box 63	ADDRESS: Section Corporations 327 FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2017FFP LED	
2017 FEB 15 PH GO 1 TALLAHASSEE, FLORIDE	

ADM Family, Ltd	
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Insert name currently on file with Florida Department of State

mser name currently on	The with Florida Dep	faither of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certification of the provisions of section 620.1202, limited liability limited partnership, whose certification of the provisions of section 620.1202, limited liability limited partnership, whose certification of the provisions of section 620.1202, limited liability limited partnership, whose certification of the provisions of section 620.1202, limited liability limited partnership, whose certification of the provisions of section 620.1202, limited liability limited partnership, whose certification of the provisions of section 620.1202, limited liability limited partnership, whose certification of the provisions of section 620.1202, limited liability limited partnership, whose certification of the provision of the provi	ficate was filed w	vith the Florida Department of State on
adopts the following certificate of amendment t		
This amendment is submitted to amend the following	; ;	
A. If amending name, enter the new name of the here:	limited partnersh	nip or limited liability limited partnership
New name must be distingu	ishable and contain a	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne. Acceptable Limited Liability Limited Partnership suffixe.		
B. If amending mailing address and/or principal office address here:	cipal office addr	ess, 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 agent and/or the new registered of		ess on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter F	Florida street address
	Litter 1	
	City	, Florida Zip Code

MILE
2017 FEB 15 PM TALLAHARAY OF STA further agree & E. F. STA nce of my duties, and IOR
of New Registered Agent
general partner being
pe of Action
✓ Add ☐ Remove
☐ Add ✓ Remove
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g its "limited liability

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 comply with the provisions of all statutes relative to the proper and complete performa am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGP</u>	Amanda M. Jackson as Trustee of The Amanda M. Jackson Ivrevocable Trust	3300 Philips Hwy. Jacksonville, FL 32207	Add Remove
MGP	FSM. LLC	3300 Philips Hwy. Jacksonville, FL 32207	Add ✓ Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
	ed partnership or limited liabili ship" status, enter change here:		nding its "limited liability
This Limit	ited Partnership hereby elects to b	pe a "Limited Liability Limited I	Partnership."
This Limi	ited Partnership hereby removes i	its "Limited Liability Limited Pa	artnership" status.
(NOTE: If adding	g or removing" limited liability limited	partnership" status, all general part	ners must sign this amendment.)

Page 2 of 3

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) 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.) Amanda M. Jackson as Trustee of The Amanda M. Jackson as Trustee of F. Sutton Mc Cohee, Trustmanager of The Amanda M. Jackson as Trustee of The Amanda M. Jackson Trustee of The Amanda M. Jackson as Trustee of Trustmanager of The Amanda M. Jackson as Trustee of Trustmanager of Trustee of Trustmanager of Trustma		
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Signature(s) of all new or dissociating general partner(s), if any: F. Satton Mc Genee, Jr., a Manager of FSM, LLC Mulurly Mayor. F. Satton Mc Genee, Jr., a Manager of FSM, LLC	Signature(s) of a general partner or all general partn	<u>iers*:</u>
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F. Sutton Mc Genee, Jr., ormanager of FSM, LLC Oliverty M. Dayeron	The Amanda M. Jackson Irrevocable To	rust
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F. Sutton Mc Genee, Jr., outmanager of FSM, LLC Mulenty M. Dayeron		
Aluenten Aayeron	Signature(s) of all new or dissociating general partne	er(s), if any:
Aluenten Aayeron	F. Sutton McScharf.	
Amanda M. Jadkson, as Trustee of the Amanda M Jackson Everychle Trust	F. Sut for the venee, Sv., 820 Knager of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Amonda M. Jackson, as Trustee of the Amonda M Jackson Ivversable Trust	MALL LIMA Dayler	
Ivecacable Trast	Amanda M. Jadkson, as Trustee	
	Ivvergenble Trast	
	Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
	Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF ADM FAMILY, LTD.

Pursuant to the provisions of Section 620.1202, Florida Statute, this Florida limited partnership ("Partnership"), whose certificate was filed with the Florida Department of State on October 21, 2003, and assigned document number A03000001482, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Paragraph 4 of the Certificate of Limited Partnership is amended in its entirety to read as follows:

"4. The name and address of the general partner of the Partnership is as follows:

Name

Address

Amanda M. Jackson, as Trustee of The Amanda M. Jackson Irrevocable Trust" 3300 Philips Highway Jacksonville, Florida 32207

SECOND: All of the Limited Partners have consented to this Amendment.

THIRD: This Certificate of Amendment shall be effective at the time of its filling with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment to Certificate of Limited Partnership this 8th day of February, 2017.

ADM Family, Ltd., a Florida limited partnership

F. Sutton McGehee, Jr., Manager FSM, LLC, Former General Partner

Amanda M. Jackson as Trustee of the Amanda M. Jackson Irrevocable

Trust, General Partner