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J. LEGGETT

COVER LETTER

_	tion Section of Corporations			
SUBJECT: JEL	IBOMICHST,ETD			
	Name of Florida Limited Pa	tnership or Limite	d Liabilit	y Limited Partnership
The enclosed Co	ertificate of Amendment a	nd fee(s) are sul	omitted	for filing.
Please return all	correspondence concerni	ng this matter to):	
Sara Alva				
	Contact Person			
Michael J. Belle, P.	Α.			
•	Firm/Company		_	
2364 Fruitiville Ro	ad			
	Address			
Sarasota, FL 34237	,			
	City, State and Zip Code		_	
jking1205@aol.co	m			
E-mail addres	s: (to be used for future annual	report notification)	
For further infor	mation concerning this m	atter, please cal	l:	
Sara Alva		at (⁹⁴¹	955-	9212
Name of C	Contact Person		and Day	time Telephone Number
Enclosed is a ch	eck for the following amo	unt:		
\$52.50 Filing Fo	ee	\$105.00 Fili and Certified C		□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADD	RESS:	MAI	LING	ADDRESS:
Registration Sec	Registration Section			
Division of Corporations Division of Corporations				•
Clifton Building	Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL		1 alla	nassee,	rL 32314
rananassee, fl	J2J01			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

JELIBOMICHST, LTD						
Insert name cur	rrently on file	with Florida Departmen	nt of State		_	
Pursuant to the provisions of section 62 limited liability limited partnership, who December 2, 1996, ass	ose certific signed Flor	ate was filed with th	e Florida Depar er A03090			e on
adopts the following certificate of amer	ndment to i	ts certificate of limit	ed partnership.			
This amendment is submitted to amend the	following:					
A. If amending name, <u>enter the new nar</u> <u>here</u> :	me of the li	mited partnership or	limited liability	limited p	<u>artne</u>	<u>rship</u>
New name must be	e distinguisha	ble and contain an accep	otable suffix.			
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh				P. or LLL	Р.	
B. If amending mailing address and/ principal office address here:	or princip	al office address, <u>er</u>	iter new mailin	ig addre	ss an	<u>d/or</u>
New Principal Office Ad-	dress:	4401 Ashton Road				
(Must be STREET address)		Suite E			_	
		Sarasota, FL 34233			- 	
Name Maille - Address		4401 Ashton Bond				
New Mailing Address: (May be post office box)		4401 Ashton Road Suite E		:	<u></u>	
(may be post office toxy)		Sarasota, FL 34233				
					<u>-ග</u>	[7
					F	\Box
C. If amending the registered agent and			our records, <u>en</u>	<u>ter thể n</u>	ame (of the
new registered agent and/or the new regis	stered office	address here:		- <u>đ</u> a	ĹΠ	
					-	
Name of New Registered Agent:	John Kir	ng			_	
New Registered Office Address:	4401 As	hton Road, Suite E				
New Negistered Office Fundacess.			street address		-	
	Sarasota		Elorido 34233	1		
	Surasota	City	, Florida <u>34233</u> 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.

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>GP</u>	Rolland L. King	4401 Ashton Road Unit E Sarasota, FL 34233	
<u>GP</u>	John King	4401 Ashton Road Suite E Sarasota, FL 34233	_ ☐ Add ☐ Remove
GP	Jerri King	4401 Ashton Road Suite E Sarasota, FL 34233	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 t	o be a "Limited	d Liability	Limited Partnership	١. "

(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.

Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days after the date this de	ocument is filed by the Florida Department of
State.) Note: If the date inserted in this block does not meet the applicable statutory	
be listed as the document's effective date on the Department of State's record	
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document removing a "limited liability limited partnership" election statement. Chapte	r 620, F.S., requires all general partners to sign
when adding or removing a "limited liability limited partnership" election sta	itement.)
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211761	9
	<u>ूँ । र</u>
Signature(s) of all new or dissociating general partner(s), if a	any:
1.0	
auray	
See attached Statement of Dissociation signed by Rolland L. King	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

JELIBOMCHIST, LTD

2. The name of the dissociating general partner is: ROLLAND L. KING

DATED ON August _______, 2016

Rolland L. King Dissociating General Partner