

A04000000747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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2017 JAN 12 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN 17 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUKE 1248, 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:

MARK TAYLOR

Contact Person

LUKE 1248, Ltd

Firm/Company

PO Box 10779

Address

BROOKSVILLE, FL 34603

City, State and Zip Code

TAYLOR@GATE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK TAYLOR

Name of Contact Person

at ( 352 ) 799-6393

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

LUKE 1248, LTD

Insert name currently on file with Florida Department of State

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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 05/06/2004, assigned Florida document number A04000000747, 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:**

N/A

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, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

N/A

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:

N/A

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>GP</del>	BEVERLY LOWMAN CUST FOR A.C. TAYLOR	PO BOX 10779 BROOKSVILLE, FL 34603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	BEVERLY LOWMAN CUST FOR C.E. TAYLOR	PO BOX 10779 BROOKSVILLE, FL 34603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	ANDREW TAYLOR	PO BOX 10779 BROOKSVILLE, FL 34603	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	CHRISTINE BUATWIKHIT	PO BOX 10779 BROOKSVILLE, FL 34603	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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.)

N/A

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TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: \_\_\_\_\_

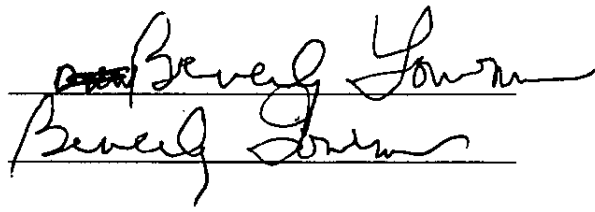
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

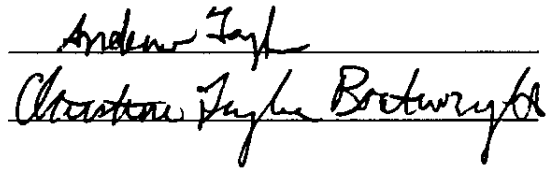
**Signature(s) of a general partner or all general partners\*:**

(\*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.)



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

  
Beverly Loun

  
Andrew Taylor Boetwryft

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