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## **COVER LETTER**

TO: Registration Section **Division of Corporations** SUBJECT: WEEKS FAMILY PARTNERSHIP - I, LLLP (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: C. Geoffrey Vining, Esquire (Contact Person) C. GEOFFREY VINING, P.A. (Firm/Company) Post Office Box 2525 (Address) Lakeland, FL 33806-2525 (City, State and Zip Code) For further information concerning this matter, please call: C. Geoffrey Vining, Esq. 687-8320 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: \$52.50 Filing Fee \$105.00 Filing Fee \$61.25 Filing Fee ■ \$113.75 Filing Fee: and Certificate of Certified Copy, and and Certified Copy Status Certificate of Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP OF WEEKS FAMILY PARTNERSHIP – I, LLLP

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited liability limited partnership, whose certificate was filed with the Florida Department of State on September 27, 2004, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (Indicate information being amended, added, or deleted)

The following named person is hereby added as a General Partner:

R. Stephen Weeks 1625 George Jenkins Boulevard Lakeland, FL 33815

**SECOND:** Effective date, if other than the date of filing:

Signature of a general partner:

Ralph W Weeks

Signature of new general partner:

R. Stephen Weeks

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