# A0400001918

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LLLP Amend

08/21/24--01013--007 \*\*52.50

FILED

1024 AUG 21 AM 8: 32

A. RAMSEY

CEP 4 2024

#### COVER LETTER

Division of C			
SUBJECT: Stringfell	ow Partners, LLLP		
Na Na	me of Florida Limited Par	tnership or Limited L	iability Limited Partnership
The enclosed Certific	cate of Amendment as	nd fee(s) are subm	itted for filing.
Please return all corr	espondence concernir	ng this matter to:	
Ronald C Root			
	Contact Person		
	Firm/Company		
2263 River Blvd			
	Address		
Jacksonville, FL 32204			
	City, State and Zip Code		
jaxroot@gmail.com			
E-mail address: (to	be used for future annual	report notification)	
For further informati	on concerning this ma	atter, please call:	
Ronald C Root		at ( <sup>904</sup>	383-8615
Name of Contact	ct Person	<del>-</del>	Daytime Telephone Number
Enclosed is a check t	for the following amo	unt:	
■ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing I and Certified Copy	
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Divisior The Cer 2415 N.	address: ation Section a of Corporations atre of Tallahassee Monroe Street, Suite 810 asee, FL 32303

### FILED

#### CERTIFICATE OF AMENDMENT TO

## CERTIFICATE OF LIMITED PARTNERSHIP 2024 AUG 21 AM 8: 32

Stringfellow Partners, LLLP

SELVETARY OF STATE

Insert name currently on file with Florida Department of State

msett turie curton	.,			
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose 12/6/2004 , assign	certificate was led Florida doc	filed with the ument number	Florida Department of S A04000001918	or State on
adopts the following certificate of amendm	ent to its certif	icate of limited	l partnership.	
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name on the new name on the new name on the new name of th</u>	of the limited p	artnership or li	mited liability limited pa	<u>rtnership</u>
				<del></del>
New name must be dis	tinguishable and	contain an accept	ible suffix.	
Acceptable Limited Partnership suffixes: Limited P Acceptable Limited Liability Limited Partnership s	artnership, Limite uffixes: Limited Li	ed, L.P., LP, or Li iability Limited Po	d. artnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	principal offic	e address, <u>ent</u>	er new mailing address	and/or
New Principal Office Addre	ss: 2263 Ri	ver Blvd.		
(Must be STREET address)	Jackson	ville, FL 32204		
Nav. Mailing Address	2263 Ri	ver Blvd		
New Mailing Address: (May be post office box)		ville, FL 32204		
C. If amending the registered agent and/or r	egistered office	address on our	records, enter the name o	f the new
registered agent and/or the new registered of	~		<u> </u>	-
Name of New Registered Agent:				
New Registered Office Address:	2263 River Blvd	Enter Florida s	treet address	
	Jacksonville City		, Florida 32204 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.

<u>le Name</u>	<u>Address</u>	Type of Action
		_
		——— □ Add
		<del></del>
<del>_</del>		
		Remove

F. If amending any other information, enter ch New General Partner Address:	nange(s) here: (Attach additional sheets, if necessary.)
DeSoto Development, LLC	
2263 River Blvd	
Jacksonville, FL 32204-4647	
(Document #L04000087543)	
Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days afte State.)  Note: If the date inserted in this block does not meet the app be listed as the document's effective date on the Department	er the date this document is filed by the Florida Department of plicable statutory filing requirements, this date will not so of State's records.
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election stawhen adding or removing a "limited liability limited partnership".  MANAGER MORESTA  SESOTO DEITCOMMENTALLE  LIEUTAGE PARTNERS	atement. Chapter 620, F.S., requires all general partners to sign
Signature(s) of all new or dissociating general p	oartner(s), if any:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	