# A04 00000 2068

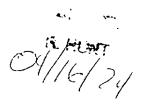
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Decument Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





000427381460

04/16/24--01002--023 \*\*52.50



### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

David Crum Family, LTD	
Insert name currently on fil	le with Florida Department of State
	cate was filed with the Florida Department of State on rida document number A0400002068
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the linere:	imited partnership or limited liability limited partnership
New name must be distinguish	lable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L	
B. If amending mailing address and/or princip principal office address here:	pal office address, 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 registere registered agent and/or the new registered office add	ed office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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.

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>	Address	Type of Action
Prtn	Sheila M. Crum	County 6401 S State Road 39 Plant City FL 33566	_
Prtn	David C. Crum, Jr.	699 Lake Hollingsworth Dr Lakeland FL 33803	_
Prtn	Helen E Erskine	120 W Strickland St Plant City FL 33563	_ ■ Add □ Remove
Prtn	Julie K. Goldstein	4655 Durant Lane Mulberry FL 33860	_ ■ Add □ Remove
			_
			' Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

П	This Limited	Partnership he	rehy elects to be	a "Limited I	Liability Limited	Partnership.
	I III3 LIIIIIICU	I at the sind he	CONTRICCIONIN DE		<i>.</i> 1141/1111	I AI UILI JIIIV.

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 cha	inge(s) here: (Attach additional sheets, if necessary.)
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.)  Note: If the date inserted in this block does not meet the applicate be listed as the document's effective date on the Department of	
Signature(s) of a general partner or all general partner	artners*.
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnersh	ement. Chapter 620, F.S., requires all general partners to sign
Dlelan Orum	
( and Com 1	
210 CO. S.	
delan Casan	
Cycle K. Soldslein	
V Signature(s) of all new or dissociating general parts	rtner(s), if any:
	<del></del>
<del></del>	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	

#### **COVER LETTER**

TO: Registration	Section		
Division of C	Corporations		
SUBJECT: David Co	<del></del>		
Na	me of Florida Limited Par	rtnership or Limited Liabilit	y Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.
Please return all corr	espondence concerni	ng this matter to:	
Virginia C Harris			
-	Contact Person		
Harris & Hahn PA			
	Firm/Company		
720 S Missouri Avenue			
	Address		
Lakeland FL 33815-473	8		
	City, State and Zip Code		
Debbie@HarrisHahn.co	om		
E-mail address: (to	be used for future annual	report notification)	
For further informati	on concerning this ma	atter, please call:	
Virginia C Harris		at (863 ) 687-	2695
Name of Conta	ct Person		time Telephone Number
Enclosed is a check to	for the following amo	unt:	
## \$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
Mailing Address:		Street Addre	
Registration Section		Registration Section	
Division of Corporat P.O. Box 6327	ions	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 3231	14		roe Street, Suite 810
Turidicove, FE JEJ.	•	Tallahassee,	•