

AO4 000002068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

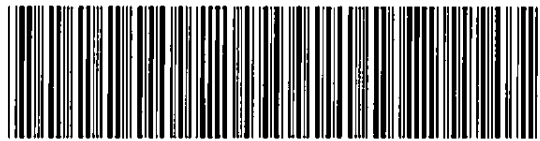
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

RECEIVED  
04/16/24

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

David Crum Family, LTD

Insert name currently on file with Florida Department of State

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 03/03/2024, assigned Florida document number A04000002068, 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:**

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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

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>               | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|---------------------------|--|--|
| <u>Prtn</u>  | <u>Sheila M. Crum</u>     | <u>6401 S <sup>County</sup> <del>State</del> Road 39</u><br><u>Plant City FL 33566</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>Prtn</u>  | <u>David C. Crum, Jr.</u> | <u>699 Lake Hollingsworth Dr</u><br><u>Lakeland FL 33803</u>                           | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>Prtn</u>  | <u>Helen E Erskine</u>    | <u>120 W Strickland St</u><br><u>Plant City FL 33563</u>                               | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>Prtn</u>  | <u>Julie K. Goldstein</u> | <u>4655 Durant Lane</u><br><u>Mulberry FL 33860</u>                                    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____                     | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                     | _____  | <input type="checkbox"/> Add<br><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.)*

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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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

Shelagh Crump \_\_\_\_\_  
David Crump \_\_\_\_\_  
Helen Eisen \_\_\_\_\_  
Julie K. Goldstein \_\_\_\_\_

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

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** David Crum Family, 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:

Virginia C Harris  
Contact Person

Harris & Hahn PA  
Firm/Company

720 S Missouri Avenue  
Address

Lakeland FL 33815-4738  
City, State and Zip Code

Debbie@HarrisHahn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia C Harris at (863) 687-2695  
Name of Contact Person 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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303