

A 05000000705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

3 Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

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2023 JAN 19 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JAN 19 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

1/20/2023

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/19/2022

Acc#120160000072

*mic SW*

Name:	COW BONE SLOUGH, LLLP
Document #:	
Order #:	14734949 - 5

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ ~~61.25~~ 103.00

Thank you!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2023 JAN 25 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 25, 2023

CT CORP

SUBJECT: COW BONE SLOUGH, LLLP  
Ref. Number: A05000000705

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for COW BONE SLOUGH, LLLP and the authorization to debit your account in the amount of \$61.25. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

All general partners must sign when adding or deleting an election to be a limited liability limited partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 823A00001830



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2023

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: COW BONE SLOUGH, LLLP  
Ref. Number: A05000000705

We have received your document for COW BONE SLOUGH, LLLP and the authorization to debit your account in the amount of \$105.00. However, the document has not been filed and is being returned for the following:

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

All general partners must sign when adding or deleting an election to be a limited liability limited partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 223A00001435

RECEIVED  
2023 JAN 24 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**

2023 JAN 19 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FL

COW BONE SLOUGH, LLLP

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 April 11, 2005, assigned Florida document number A05000000705, 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:

WHWW, Inc.

New Registered Office Address:

329 Park Avenue North, Second Floor

*Enter Florida street address*

Winter Park

*City*

, Florida 32789

*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.*

WHWW, Inc.

By: Debbie Fricke

If Changing Registered Agent, Signature of New Registered Agent

Deborah Fricke, as Vice President

**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>
GP	Tarpon Blue CE Management, LLC	999 Vanderbilt Beach Road Ste 507 Naples FL 34108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Collier Enterprises, Inc.	999 Vanderbilt Beach Road Ste 507 Naples FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input 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.)*

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.)

Tarpon Blue CE Management, LLC

By: Kenneth Smith  
Kenneth Smith, Manager

Document No. M22000007679

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

Collier Enterprises, Inc.

By: Christian Spilker  
Name: Christian Spilker  
Title: President

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