

ADS0000001018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

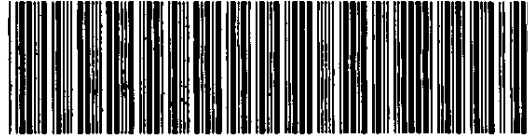
(Business Entity Name)

(Document Number)

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

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2016 APR 25 P 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 26 2016

S MASON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Augustin Family Limited Partnership  
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:

Ducarmel Augustin

Contact Person

Firm/Company

7366 NW 116 Lane

Address

Parkland, FL 33076

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ducarmel Augustin

Name of Contact Person

at ( 954 )

294-2990

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
JUN 25 P 3:32  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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.*

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2016 APR 25 2:33:32  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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>
GP	Ducarmel Augustin	7366 NW 116 Lane Parkland, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Monique T. Augustin	7366 NW 116 Lane Parkland, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Augustin Family Rev Ma	7366 NW 116 Lane Parkland, FL 33076	<input checked="" type="checkbox"/> Add <input 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.)

The Trustees of the Augustin Family Revocable Management Trust, dated 11/24/2015 are

Ducarmel Augustin and Monique T. Augustin

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.)

**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.)

DUCARMEL AUGUSTIN TTE

MONIQUE T. AUGUSTIN TTE

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

DUCARMEL AUGUSTIN

MONIQUE T. AUGUSTIN

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

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2015 APR 25 P 3:32  
SECRETARY OF STATE  
TAMPA, FLORIDA