

A05000001930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

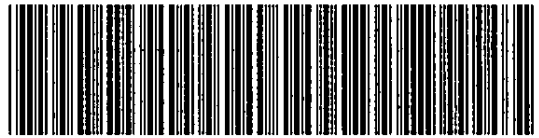
Special Instructions to Filing Officer:

L. SELLERS

OCT 14 2009

EXAMINER

Office Use Only



100161464241

10/13/09--01031--022 **105.00

Certification Fee _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LAW OFFICES
WILLIAMS, SMITH & SUMMERS, P.A.

380 WEST ALFRED STREET
TAVARES, FLORIDA 32778-3298

CHRISTOPHER J. SMITH
GARY L. SUMMERS
ROBERT Q. WILLIAMS
W. GRANT WATSON
LINDSAY C. TAYLOR HOLT
KAELY SMITH FRYE

TELEPHONE:
(352) 343-6655
FAX (352) 343-4267

October 12, 2009

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

Re: Long Farms North Limited Partnership and Long Farms North, Inc.

To Whom it May Concern:

Please accept this letter as a request for the following documents in connection with the above-captioned limited partnership and corporation:

1. Certificate of Amendment to Certificate of Limited Partnership of Long Farms North Limited Partnership.
2. Certified Copy of Certificate of Limited Partnership of Long Farms North Limited Partnership.

It is my understanding from your office, the cost for these documents total \$105.00. Accordingly, enclosed please find our law firm's checks in the amount of \$105. to cover this cost. I have also enclosed a return UPS label for you to return these certified copies to us.

Thank you for your attention to this matter and please do not hesitate to contact me if you need anything from me in order to complete this request.

Sincerely,



Carissa A. Payne
Real Estate Paralegal
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Long Farms North 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:

Robert Q. Williams

Contact Person

Williams, Smith & Summers, P.A.

Firm/Company

380 West Alfred Street

Address

Tavares, Florida 32778

City, State and Zip Code

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

For further information concerning this matter, please call:

Robert Q. Williams

Name of Contact Person

at (352) 343-6655

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 13 AM 8:18

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

Long Farms North Limited Partnership

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 October 17, 2005, assigned Florida document number A05000001930, 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>Long Farms North, Inc.</u>	<u>29720 Squirrel Point Rd.</u> <u>Tavares, FL 32778</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>T. Berry Long, III</u>	<u>29720 Squirrel Point Rd.</u> <u>Tavares, FL 32778</u>	<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
_____	_____	_____	<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.

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STATE
TREASURY
FLORIDA

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.)

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.)

T. Berry Long III

Long Farms North, Inc., by
T. Berry Long, III, its President

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

T. Berry Long III

T. Berry Long, III, Individually

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