# A05582

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SECRETARY OF STATE
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J. BRYAN

MAR - 6 2009

EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: Useppa Inn and Dock Company, 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: William S. Jonassen, Esq. (Contact Person) William S. Jonassen P.A (Firm/Company) 36 Laurel Street (Address) Clearwater Beach, FL 33767 (City, State and Zip Code) For further information concerning this matter, please call: William S. Jonassen, Esq. ) 446-7116 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$52.50 Filing Fee □\$105.00 Filing Fee □\$61.25 Filing Fee **□**\$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Certificate of Status Status **STREET ADDRESS: MAILING ADDRESS:** 

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

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

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

## USEPPA INN AND DOCK COMPANY, LTD. (Insert name currently on file with Florida Department of State)

•			ア
Pursuant to the provisions of section 620 limited liability limited partnership, who February 11, 1997, assi	se certif gned Fl	icate was filed with orida document nur	the Florida Department of State on mber A05582
adopts the following certificate of amend	lment to	its certificate of lin	nited partnership.
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new nam here:	e of the	limited partnership	or limited liability limited partnership
N/A			
(New name must be d	istinguis	hable and contain an	acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership  B. If amending mailing address and/o principal office address here:	suffixes:	Limited Liability Limit	ted Partnership, L.L.L.P. or LLLP.
principal orion against here.			
New Principal Office Add	ress:	8115 Main Street	
(Must be STREET address)		Bokeelia, FL 33	922
		·	
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/ new registered agent and/or the new regist			on our records, enter the name of the
Name of New Registered Agent:	<u>Willia</u>	m S. Jonassen, Esq.	
New Registered Office Address:	<u>36 La</u>	aurel Street (Enter Flo	rida street address)
	Clear	water Beach	, Florida <u>33767</u>
	<u> Diour</u>	(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, Stephture 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>	Name	<u>Address</u>	Type of Action
GP	Garfield R. Beckstead	7092 Placida Road Cape Haze, FL 33946	_ □ Add _ ☑ Remove
<u>GP</u>	Useppa Inn and Dock Co. Inc	P.O. Box 640 8115 Main Street Bokeelia, FL 33922	_
			CRETARYO LAMBAYO
			Add Render
-			_
<del></del>			_ □ Add □ □ Remove

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

u	This Limited	Partnership	hereby elects to	be a "Limited	l Liability Limit	ed Partnership."
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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	on, enter change	e(s) here: <i>(Att</i>	tach additional sh	neets, if necessa	ry.)
	-				· <del>·······</del> ·
Effective date, if other than the da	te of filing:	· · · · · · · · · · · · · · · · · · ·			
(Effective date cannot be prior to nor mo State.)	re than 90 days af	ter the date this	s document is filed	by the Florida L	epartment o
Signature(s) of a general partne	r or all genera	l partners*:			
(*NOTE: Only one current general partiremoving a "limited liability limited partiwhen adding or removing a "limited liab	nership" election s	tatement. Cha	pter 620, F.S., requ	ted partnership is uires all general p	s adding or partners to si
PRSSIDENT	when y	<del></del> .			
				77.0	
		<del></del>		LLA	<u> </u>
				HAS	-\$
Signature(s) of all new or dissoc	iating general	partner(s), i	if any:	RY OF STA SEE, FLOR	5 PH -:
Clay 1 myor				TE 10A	ယ
				·	
Filing Fee:	\$52.50		•		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				