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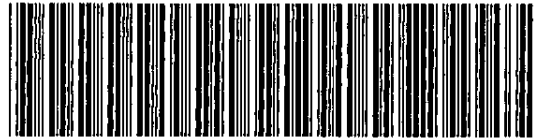
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEEKS FAMILY PARTNERSHIP-II, LLLP
(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:

C. Geoffrey Vining, Esquire

(Contact Person)

C. GEOFFREY VINING, P.A.

(Firm/Company)

Post Office Box 2525

(Address)

Lakeland, FL 33806-2525

(City, State and Zip Code)

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For further information concerning this matter, please call:

C. Geoffrey Vining, Esq. at (863) 687-8320

(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

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
OF
WEEKS FAMILY PARTNERSHIP-II, LLLP**

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited liability limited partnership, whose certificate was filed with the Florida Department of State on January 26, 2006, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (Indicate information being amended, added, or deleted)

The following named person is hereby added as a General Partner:


R. Stephen Weeks
1625 George Jenkins Boulevard
Lakeland, FL 33815

SECOND: Effective date, if other than the date of filing: _____.

Signature of a general partner:


Ralph W. Weeks

Signature of new general partner:


R. Stephen Weeks

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TALLAHASSEE FLORIDA