

A06000000/501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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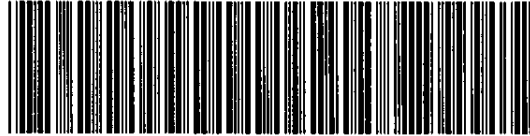
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 26 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ox Bottom Terrace, LLP
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 J. Boynton III
Contact Person

2560 Ox Bottom Road
Firm/Company
Address
Tallahassee Florida 32312
City, State and Zip Code
boynton3100@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J. Boynton III at (850) 545-8526
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 PARTNERSHIP
OF

Ox Bottom Terrace, LLP

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 12/20/2006, assigned Florida document number AD6000001501, 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)

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TALLAHASSEE, FLORIDA

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:

William J Boynton III

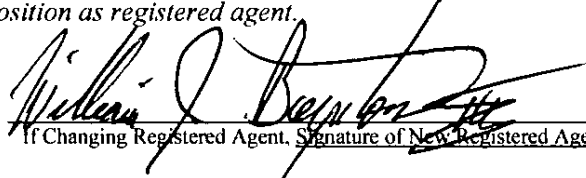
New Registered Office Address:

2560 Ox Bottom Road
Enter Florida street address

Tallahassee, Florida 32312
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>
	Sue C Boynton	2560, OX Bottom Rd Tallahassee FL 32312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	William J Boynton II	2560, OX Bottom Rd Tallahassee FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FL 32304

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.

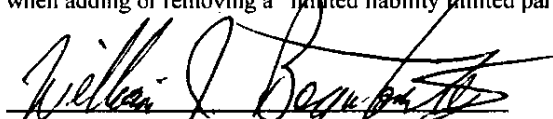

(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.***)**

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

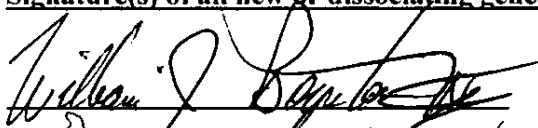

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.)

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

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

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TALLAHASSEE, FLORIDA

COPY

ASSIGNMENT OF PARTNERSHIP INTEREST

I, SUE C. BOYNTON, as Trustee of the Sue C. Boynton Revocable Trust Agreement dated July 21, 1994, as amended, and as General Partner of the OX BOTTOM TERRACE, LLLP, and being the owner of 1 per cent of the beneficial interest of OX BOTTOM TERRACE, LLLP, under agreement dated December 20, 2006, do hereby assign, transfer, grant and deliver to WILLIAM J. BOYNTON, III, all of the beneficial interest held by me as General Partner of the OX BOTTOM TERRACE, LLLP.

Further, I, SUE C. BOYNTON, retire from the position as General Partner of the OX BOTTOM TERRACE, LLLP.

The consideration for this assignment and transfer is the sum of TEN DOLLARS and 00/100 (\$10.00), in hand paid by WILLIAM J. BOYNTON, III, the receipt whereof is hereby acknowledged.

We also agree to execute any and all documents necessary to establish and confirm the beneficial interest in accordance with this assignment.

IN WITNESS WHEREOF, WE hereby set our Hands and Seals this 27th day of January, 2015.

Sue C. Boynton
SUE C. BOYNTON

William J. Boynton, III
WILLIAM J. BOYNTON, III

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared SUE C. BOYNTON, who is (check one) ☒ personally known to me or ☐ has produced _____ and WILLIAM J. BOYNTON, III who is (check one) ☐ personally known to me or ☒ has produced FDL as identification and who executed the foregoing instrument and acknowledged before me that he and she executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this 27th day of January, 2015.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 26 PM 2:42

FILED

N. Richards
Notary Public, State of Florida

