

A06168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

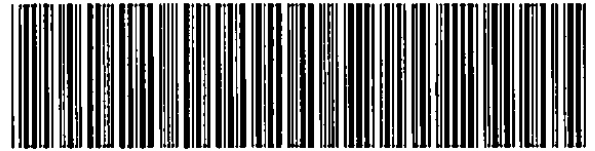
(Business Entity Name)

(Document Number)

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

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I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Governors Springs Apartments, 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:

D. Mark Baxter, Esq.

Contact Person

Stone & Baxter, LLP

Firm/Company

577 Mulberry Street, Suite 800

Address

Macon, Georgia 31201

City, State and Zip Code

mbaxter@stoneandbaxter.com

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

For further information concerning this matter, please call:

D. Mark Baxter

at ( 478 ) 750-9898

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

*Sent previously*

☐ \$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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE 2020 JUN -5 AM 11:14  
Division of Corporations

June 19, 2020

STONE & BAXTER, LLP  
% D. MARK BAXTER  
577 MULBERRY STREET - STE. 800  
MACON, GA 31201-8256

SUBJECT: GOVERNORS SPRINGS APARTMENTS, LTD.  
Ref. Number: A06168

We have received your document for GOVERNORS SPRINGS APARTMENTS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Our office do not file operating agreements or an agreement of any kind. Please complete the enclosed amendment for any changes to the initial filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00012127

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

GOVERNORS SPRINGS APARTMENTS, LTD.

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 December 16, 1977, assigned Florida document number A061168, 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>GP</u>     | <u>Joseph W. Love</u>     | <u>c/o Dale S. Wilson, PA</u><br><u>P. O. Box 1808</u><br><u>Green Cove Springs, FL 32043</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove (deceased) |
| <u>GP</u>     | <u>Reva Joyce Stuckey</u> | <u>P. O. Box 13526</u><br><u>Macon, Georgia 31208</u>   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u>      </u> | <u>      </u>             | <u>      </u>   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
| <u>      </u> | <u>      </u>             | <u>      </u>   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
| <u>      </u> | <u>      </u>             | <u>      </u>   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                       |
| <u>      </u> | <u>      </u>             | <u>      </u>   | <input type="checkbox"/> Add<br><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.)**

**AMENDMENT TO GOVERNORS SPRING APARTMENTS  
LIMITED PARTNERSHIP AGREEMENT  
AND  
CONSENT TO NEW GENERAL PARTNER**

This Amendment to the GOVERNORS SPRINGS APARTMENTS LIMITED PARTNERSHIP AGREEMENT is effective this 1<sup>st</sup> day of January, 2020, by action of TALMADGE STUCKEY as sole General Partner following the recent death of JOSEPH W. LOVE, who was also a General Partner, and THE SPRINGS INVESTMENT GROUP, the Limited Partner of Governor Springs Apartments Limited Partnership.

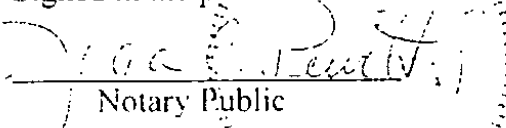
**PURPOSE OF AMENDMENT**

Pursuant to Paragraph 5.06 of the Governor Springs Apartments Limited Partnership Agreement, as amended, the undersigned Limited Partner, constituting a majority of same, consents to and takes the following action:

1. The Governor Springs Apartments Limited Partnership shall not terminate and be dissolved but shall continue as a Partnership; and
2. The undersigned representing a majority in interest of the Limited Partners hereby designated REVA JOYCE STUCKEY as General Partner in place of JOSEPH W. LOVE, deceased effective as of the date hereof.

IN WITNESS WHEREOF, the parties to this Amendment have executed the same effective the date and year first above written.

Signed in the presence of

  
Notary Public

[SEAL]

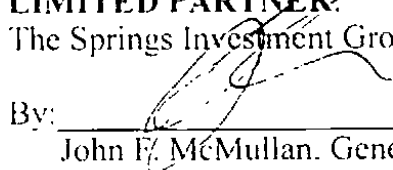
**GENERAL PARTNER:**

  
TALMADGE STUCKEY

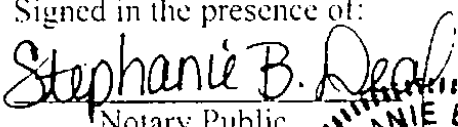
**LIMITED PARTNER:**

The Springs Investment Group

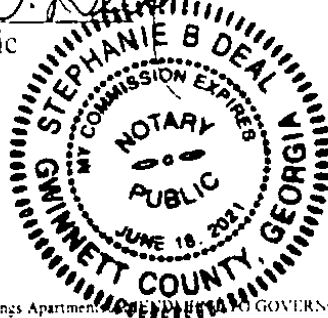
By:

  
John F. McMullan, General Partner

Signed in the presence of:

  
Notary Public

[SEAL]



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

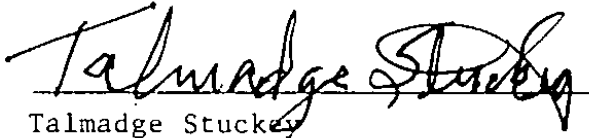
Effective date, if other than the date of filing: JANUARY 1, 2020

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State )*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

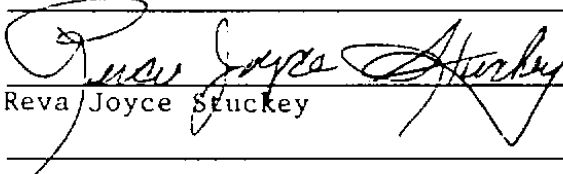
**Signature(s) of a general partner or all general partners\*:**

(\*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.)

  
Talmadge Stuckey

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

No signature can be obtained.  
Joseph W. Love, deceased

  
Reva Joyce Stuckey

Filing Fee: \$52.50 (Sent May 27, 2020 and kept)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75