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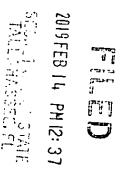
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To:	10: - 0: 10:	
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PICK-UP	TIAW	MAIL
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Special Instructions to	Filing Officer:	

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R. WHITE FE3 1 9 200

### **COVER LETTER**

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Division of C						
SUBJECT: STE	VENS L&C, LLLP					
	me of Florida Limited Par	tnership or Limited Liabil	ity Limited Partnership			
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	d for filing.			
Please return all corr	respondence concernit	ng this matter to:				
JOHN W. H. BURTON						
	Contact Person	<del></del>				
JOHN W. H. BURTON	, P.A.					
	Firm/Company					
Post Office Drawer 172	9					
·	Address					
Wauchula, FL 33873-1	729					
(	City, State and Zip Code					
office@burtonpa.com						
E-mail address: (to	be used for future annual	report notification)				
For further informati	on concerning this ma	itter, please call:				
John W. H. Burton		_at (	-3241			
Name of Conta	ct Person		vtime Telephone Number			
Enclosed is a check	for the following amo	unt:				
☐ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRES	S:	MAILING	ADDRESS:			
Registration Section		Registration Section				
Division of Corporat	ions	Division of Corporations				
Clifton Building 2661 Executive Cent	on Cinala	P. O. Box 6.				
Tallahassee, FL 323		Tallahassee.	. FL 32314			

## FILED

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP. OF

C-1	CLI	713	NIC	1.8	C .	1 1	r D

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 62 limited liability limited partnership, who 02/27/2007 ass	ose certificate was filed	with the Florida Department of State on
adopts the following certificate of amen	dment to its certificate	of limited partnership.
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nar here:	ne of the limited partne	rship or limited liability limited partnership
New name must be	e distinguishable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh		
B. If amending mailing address and/ principal office address here:	or principal office add	dress, enter new mailing address and/or
New Principal Office Add	dress:	
(Must be STREET address)	652 Parnell Ro	
	Zolfo Springs.	FL 33890
New Mailing Address: (May be post office box)		
C. If amending the registered agent and new registered agent and/or the new registered agent agent and/or the new registered agent		dress on our records, <u>enter the name of the</u>
Name of New Registered Agent:	Charles R. Stevens, Jr.	<del></del>
New Registered Office Address:	652 Parnell Road  Enter	Florida street address
	7.15. 6	D) 11 13900
	Zolfo Springs	Florida 33890

#### 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>	Type of Action
	PETER J. STEVENS	292 N. Hollandtown Road Wauchula, FL 33873	☐ Add ☐ Remove
			□ Add □ Remove
<del></del>			

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 Partn	iershir	Partn	d i	rited	.im	χI	ilit	abi	ıiء	11	tec	imi	"I.	be :	to	elects	W 6	nerel	rin l	nersh	Par	ted	.imi	ris I	Th	
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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, enter	change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Effective date, if other than the date of filing:(Effective date cannot be prior to nor more than 90 days a State.)	after the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the a be listed as the document's effective date on the Departme	
Signature(s) of a general partner or all genera	al partners*:
	sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to signership" election statement.)
C52701	Charles R. Stevens, Jr.
<del>-</del>	
Signature(s) of all new or dissociating general	l partner(s), if any:
John C.J. Sleven	Peter J. Stevens
· / · · · · · · · · · · · · · · · · · ·	<del></del> -
	<del></del>
	<del> </del>
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	