

A 01845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

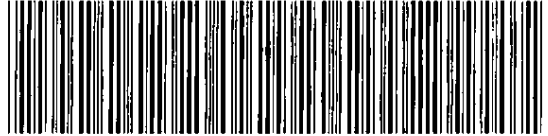
(Document Number)

Certificc Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100413201501

08/04/23--01009--016 **52.50

CLERK OF COURT
TALLAHASSEE, FL

2023 AUG -4 AM 10:31

FILED

5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SINGLETON ASSOCIATES LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to:

A.T. PARSONS JR.

Contact Person

SINGLETON ASSOCIATES LLLP

Firm/Company

6999 MERRILL ROAD #2-334

Address

JACKSONVILLE FL 32277-3006

City, State and Zip Code

ATPPETE@AOL.COM

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

For further information concerning this matter, please call:

A.T. PARSONS JR.

Name of Contact Person

at (904 635 5975)

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

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

FILED
2023 AUG -4 AM 10:31
SUNSHINE STATE
TALLAHASSEE, FL

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

SINGLETON ASSOCIATES LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership limited liability limited partnership, whose certificate was filed with the Florida Department of State on 08/23/1979, assigned Florida document number A07845, 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)

SINGLETON ASSOCIATES LLLP
4247 HEATH ROAD
JACKSONVILLE FL 32277

New Mailing Address:
(May be post office box)

SINGLETON ASSOCIATES LLLP
6999 MERRILL RD #2-334
JACKSONVILLE FL 32277-3006

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:

4247 HEATH ROAD

Enter Florida street address

JACKSONVILLE, Florida 32277

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>
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

REC'D AUG - 4 AM 10:31
CLARK COUNTY
SECRET

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.)*

GENERAL PARTNER ADDRESS:

PROPERTY PLANNING INC

6999 MERRILL ROAD #2-333

JACKSONVILLE, FL 32277-3006

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.)

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.

FILED
 2023 AUG - 1 AM 10:31
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.)

Property Planning Inc
General Partner

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