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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION COPANOS INVESTMENT HOLDINGS III, LLLP

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 07      |
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### **COVER LETTER**

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|---------------------------------------|---|--|---|
| TO: Registration Division of          | n Section<br>Corporations                           |  |   |
| SUBJECT: Copani                       | os Investment Holdings III i                        | LLLLP                                    |   |
| 1                                     | Name of Florida Limited Pa                          | rtnership or Limited Liabilit            | y Limited Partnership   |
| The enclosed Certi                    | ficate of Amendment a                               | nd fee(s) are submitted                  | for filing.   |
| Please return all co                  | rrespondence concerni                               | ng this matter to:                       |   |
| William Stetson                       |   |  |   |
|                                       | Contact Person                                      |  |   |
| Finley Stetson                        |   | - <del></del>                            |   |
|                                       | Firm/Company  |  |   |
| 160 SE 6th Ave, Suite                 | B-2   |  |   |
|                                       | Address   |  |   |
| Delray Beach, FL 334                  | 8   |  |   |
| · · · · · · · · · · · · · · · · · · · | City, State and Zip Code                            |  |   |
| bill@finleystetson.co                 | m   |  |   |
| E-mail address: (                     | to be used for future annual                        | report notification)                     |   |
| For further informs                   | ition concerning this m                             | atter, please call:                      |   |
| William Stetson                       |   | at (561 )265-                            | 5053  |
| Name of Con                           | tact Person   |  | time Telephone Number   |
| Enclosed is a check                   | for the following amo                               | unt:                                     |   |
| \$52.50 Filing Fee                    | ☐\$61.25 Filing Fee<br>and Certificate of<br>Status | S105.00 Filing Fee<br>and Certified Copy | S113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| Mailing Address:                      |   | Street Addr                              | ess:  |

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

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



## **Finley Stetson**

Attorneys at Law
160 S.E. 6<sup>th</sup> Avenue, Suite B-2
Delray Beach, FL 33483
Office: 561-265-5053
Fax: 561-526-8474
bill@finleystetson.com

April 9, 2024

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

Re: Copanos Investment Holdings III LLLP

Please find attached a Certificate of Amendment to Certificate of Limited Partnership for the above referenced partnership. Please note that the prior general partner, John Copanos, passed away. The Personal Representative of his estate, Barbara Copanos, is designating JRLB Enterprises, LLC, a Florida limited liability company (JRLB), as the new general partner. Ms. Copanos is a manager of JRLB. Please find attached her Letters of Administration.

Very truly yours,

William A. Stetson

William A. Stetson

## Filing # 153560487 E-Filed 07/18/2022 06:15:33 PM

# IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

CASE NO. PRC220001595 DIVISION: 61J JUDGE: Greene, Charles M (61J)

In Re: Estate of: Copanos, John Halsey

Amended Letters of Administration

TO ALL WHOM IT MAY CONCERN

WHEREAS, John Halsey Copanos, a resident of 20 Gatehouse Road, Sea Ranch Lakes, FL 33308 died on March 11, 2022, owning assets in the State of Florida, and

WHEREAS, Barbara Etta Copanos has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate.

NOW, THEREFORE, I, the undersigned circuit judge, declare Barbara Etta Copanos duly qualified under the laws of the State of Florida to act as personal representative of the estate of John Halsey Copanos, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE AND ORDERED in Chambers at Broward County, Florida on 18th day of July, 2022.

PRC220001595 07-18-20223:2

PRC220001595 07-18-2022 3:25 PM Hon. Charles M. Greene CIRCUIT JUDGE Electronically Signed by Charles M. Greene

Copies Furnished To:

William A. Stetson, E-mail: bill@finleystetson.com William A. Stetson, E-mail: lucy@finleystetson.com

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Copanos Investment Holdings III, LLLP  | · · · · · · · · · · · · · · · · · · ·                                | <u>, ,</u>                                    | <del></del>           |
|--|--|---|-----------------------|
| Insert name curren   | tly on file with Florida Depart                                      | ment of State                                 |                       |
| Pursuant to the provisions of section 620.1 limited liability limited partnership, whose 09/05/2008, assign adopts the following certificate of amendments | e certificate was filed with<br>ned Florida document num             | n the Florida Department<br>mber A08000000799 | hip or<br>of State on |
| This amendment is submitted to amend the foll  | owing:   |   |                       |
| A. If amending name, enter the new name here:  | of the limited partnership   | or limited liability limited                  | <u>partnership</u>    |
| New name must be di  | stinguishable and contain an a                                       | eceptable suffix.                             |                       |
| Acceptable Limited Partnership suffixes: Limited I<br>Acceptable Limited Liability Limited Partnership s   | Partnership, Limited, L.P., LP.,<br>suffixes: Limited Liability Limi | or Ltd.<br>ited Partnership, L.L.L.P. or L.   | LLP.                  |
| B. If amending mailing address and/or principal office address here:   | principal office address   | s, enter new mailing add                      | ress and/or           |
| New Principal Office Address (Muss be STREET address)  | ·ss:   |   |                       |
| New Mailing Address: (May be post office box)  |  |   |                       |
| C. If amending the registered agent and/or registered agent and/or the new registered of   | registered office address of<br>ffice address here:                  | n our records, <u>enter the na</u>            | me of the new         |
| Name of New Registered Agent:  |  |   | _                     |
| New Registered Office Address:   | Enter Flo  | rida street address                           | 1 20:                 |
|  |  | , Florida                                     |                       |
|  | City   | Zip Code                                      | APR                   |
|  |  |   | 2024 APR-9 PH         |
|  | Page 1 of 3  |   | <u>ق</u>              |

## 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> | Name                  | Address  | Type of Action    |
|--------------|-----------------------|--|-------------------|
| GP           | John Copanos          | 20 Gatehouse Road<br>Sea Ranch Lakes, FL 33308 |                   |
| <u>GP</u>    | JRLB Enterprises, LLC | 20 Gatchouse Road<br>Sea Ranch Lakes, FL 33308 | ■ Add<br>□ Remove |
|              |                       |  |                   |
|              |                       |  |                   |
|              | <u> </u>              |  |                   |
|              | <u> </u>              |  |                   |

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

|  | This Limited Partnersh | p bereby elects to be a ' | 'Limited Liability Liπ | nited Partnership." |
|--|------------------------|---------------------------|------------------------|---------------------|
|--|------------------------|---------------------------|------------------------|---------------------|

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

|                        |  |                                   |                 | <del></del>           |             |                        |             |                  |           |
|------------------------|--|-----------------------------------|-----------------|-----------------------|-------------|------------------------|-------------|------------------|-----------|
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| D.C.                   | e date, if other than                              | the date of                       | Gline           |                       |             |                        |             | <del></del>      |           |
| (Effective             | e ciale, il ouser tiidh<br>date cannot he prior to | nar more the                      | m 90 days afte  | er the date           | this doc    | ment is fi             | led by th   | e Florida Dep    | arimei    |
| Sidir.)<br>Note: 16 ti | he date inserted in this t                         | Nock does no                      | t meet the aon  | dicuble st            | otatory fil | ine requir             | comnis, i   | thès date will n | es i      |
| he listed s            | is the document's effect                           | ive date on t                     | c Department    | of Smie's             | s records.  | 0                      |             |                  |           |
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|                        | re(s) of a seneral p                               |                                   |                 |                       |             |                        |             |                  |           |
| CNOTE                  | Only one current gene<br>a "limited liability limi | ral partner is                    | required to sig | gn this do            | cument u    | nices the 8            | imited p    | artnerskip is ed | lding o   |
| when add               | ing": a grivemen no palianil" a ;                  | ted portnersit<br>ted liability l | imited partner  | atement<br>ship" elec | Chapter of  | MU, (1.5., (<br>MESIL) | reduites :  | an Benesan ben   | divers or |
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| v                      |  |                                   |                 | -,                    |             |                        |             |                  |           |
| ·                      |  |                                   | <del></del>     | -,                    |             |                        |             |                  |           |
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|                        |  |                                   | <del></del>     |                       |             |                        |             |                  |           |
| Signatu                | re(s) of all new or                                | dissociation                      |                 | perinerí              | s), if an   | <b>X</b> :             |             |                  |           |
|                        |  | dissociation                      | e general s     | perineri              | s), Kan     | <b>X</b> :             |             |                  |           |
|                        |  | dissociation                      | e general a     | perineri              | s). Han     | <b>X</b> :             |             |                  |           |
|                        | nre(s) of all new or                               | dissociatin                       | e general a     | parineri              | s), K an    | Ā.                     |             |                  |           |
|                        |  | dissociation                      | e general p     | perineri              | s), if an   | <b>X</b> :             |             |                  |           |
|                        |  | dissociation                      | e general p     | erineri               | s). Kan     | <b>X</b> :             |             |                  |           |
|                        |  | dissociation                      | e general a     | perineri              | s), K an    | <b>X</b> :             |             |                  |           |
|                        |  | dissociation                      | e general p     | perineri              | s), if an   | <b>X</b> :             |             |                  |           |
|                        |  | dissociation                      | e general p     | perineri              | s). H an    | <b>X</b> :             |             |                  |           |
| <i>Sa</i>              | ubara.   | Caga                              |                 | perineri              | s), K an    | ¥:                     |             |                  |           |
| Filling F              | ubara.   | Cassa                             | 2.50<br>2.50    | periner               | s), if an   | ¥:                     |             |                  |           |