

A08891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

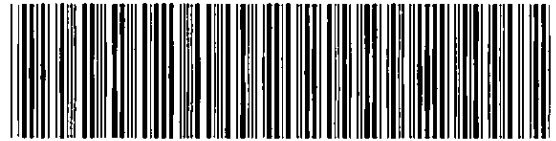
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signatures Deceased

Office Use Only



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2024 SEP 24 PM 7:05

AB

September 5, 2024

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

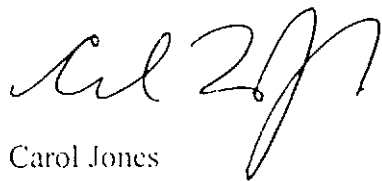
Re: Jones Associates, Ltd. (Document# A08891)

To whom it may concern:

As the daughter of both current General Partners of Jones Associates, Ltd., I am writing this statement to declare both David A. Jones and Betty Jones are deceased as of 2019. Please see the attached Certificate of Amendment containing the names and signatures of the new general partners.

You may contact our office at 502-584-3912 with any questions.

Sincerely,



Carol Jones
Trustee of Skippy Non-Exempt Trust
General Partner of Jones Associates Ltd.

The foregoing was acknowledged, subscribed, and sworn to
before me this 5th day of September, 2024 by Carol Jones,
personally known to me.

my commission expires 6-12-2025

KY NP 27722

For C. M. F.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONES ASSOCIATES, 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:

DAVID WESSEL

Contact Person

JONES ASSOCIATES, LTD.

Firm/Company

471 W. MAIN ST., STE. 203

Address

LOUISVILLE, KY 40202

City, State and Zip Code

DWESSEL@MSRINC.NET

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

For further information concerning this matter, please call:

DAVID WESSEL

at (502) 584-3912

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

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

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

JONES ASSOCIATES, LTD.

Insert name currently on file with Florida Department of State

2008 SEP 24 11:07:05

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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 MAY 14, 1980, assigned Florida document number A08891, 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>DAVID A JONES</u>	<u>471 W. MAIN ST., STE. 203</u> <u>LOUISVILLE, KY 40202</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>BETTY JONES</u>	<u>471 W. MAIN ST., STE. 203</u> <u>LOUISVILLE, KY 40202</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>GARLAND TRUST</u>	<u>471 W. MAIN ST., STE. 203</u> <u>LOUISVILLE, KY 40202</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>HUTCHFAM NON EXEMPT</u>	<u>TRUST</u> <u>471 W. MAIN ST., STE. 203</u> <u>LOUISVILLE, KY 40202</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>MATTHEW JONES NON-</u>	<u>EXEMPT 2019 TRUST 1</u> <u>471 W. MAIN ST., STE. 203</u> <u>LOUISVILLE, KY 40202</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>SKIPPY NON-EXEMPT</u>	<u>TRUST</u> <u>471 W. MAIN ST., STE. 203</u> <u>LOUISVILLE, KY 40202</u>	<input checked="" type="checkbox"/> Add <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.)

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.)

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.)

DAVID A JONES - DECEASED

BETTY JONES - DECEASED

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

GARLAND TRUST


HUTCHEAM NON-EXEMPT TRUST

MATTHEW JONES NON-EXEMPT 2019 TRUST I

SKIPPY NON-EXEMPT TRUST


TRUSTEE - DAVID JONES JR.


TRUSTEE - DANIEL JONES


TRUSTEE - MATTHEW JONES


TRUSTEE - CAROL JONES

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2024

DAVID WESSEL
471 W. MAIN ST.
STE. 20
LOUISVILLE, KY 40202

SUBJECT: JONES ASSOCIATES, LTD.
Ref. Number: A08891

We have received your document for JONES ASSOCIATES, 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 document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00022517