

A09000000083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

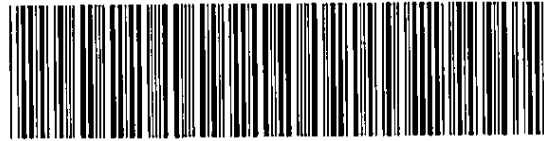
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800364763258

04/28/21--01001--005 **70.00

RECEIVED
APR 23 AM 11:35
STATE
TALLAHASSEE, FL

RECEIVED
2021 APR 23 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL 90419

Y. SUTHER
APR 20 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE AQUADRO FAMILY LLLP

Signature _____

Requested by: SETH

04/22/21

Name _____

Date _____

Time _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ ☒ Certificate of Good Standing X 2 _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Aquadro Family Limited Liability Limited Partnership

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:

Mary Downey Costello

Contact Person

Costello & Leiter, P.C.

Firm/Company

1500 Main Street, Suite 2000, PO Box 15629

Address

Springfield, MA 01115-5629

City, State and Zip Code

lauriemcmahon@costello-leiter.com

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

For further information concerning this matter, please call:

Mary Costello or Laurie McMahon

at (413) 214-6100

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

The Aquadro Family Limited Liability Limited Partnership

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 February 5, 2009, assigned Florida document number A09000000083, 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)

3240 Hamlet Drive #2

Naples, FL 34105

New Mailing Address:
(May be post office box)

3240 Hamlet Drive #2

Naples, FL 34105

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:

Elizabeth A. Kouri

New Registered Office Address:

3240 Hamlet Drive #2

Enter Florida street address

Naples

City

, Florida 34105

Zip Code

JUN 11 11:35

JUN 11 11:35

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.

Elizabeth A. Kouri

If Changing Registered Agent, Signature of New Registered Agent

Elizabeth A. Kouri

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>Gen. Prtn</u>	<u>Richard C. Aquadro</u>	<u>4216 Gull Cove Road</u> <u>New Smyrna Beach, FL 32169</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Gen. Prtn</u>	<u>Marie E. Aquadro</u>	<u>4216 Gull Cove Road</u> <u>New Smyrna Beach, FL 32169</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Gen. Prtn</u>	<u>Daniel J. Gleason</u>	<u>Co-Trustee of the Richard C.</u> <u>Aquadro Revocable Trust, 600</u> <u>Kennedy Rd., Leeds, MA 01053</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Gen. Prtn</u>	<u>Daniel J. Gleason</u>	<u>Personal Rep. of Estate of Marie E.</u> <u>Aquadro, 600 Kennedy Rd.</u> <u>Leeds, MA 01053</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input 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.)

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

Daniel J. Gleason
Daniel J. Gleason, Co-Trustee of the
Richard C. Aquadro Revocable Trust
General Partner

Daniel J. Gleason
Daniel J. Gleason, Personal Rep.
of the Estate of Marie E. Aquadro
General Partner

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