A10000000869

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FOR STATE

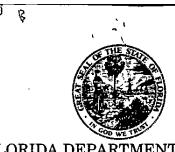
Am 3/16/16

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Seibert	Holdings LLLP nership or Limited Liability Limited Partnership
Name of Florida Limited Parti	nership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
LINDA Star	ntan.
Contact I cison	
Firm/Company	
705 toplar	Speet
Address	
HOS POD lar Address Warren City, State and Zip Code	t 16365
tim linda stanton a Vaho E-mail address: (to be used for future annual re	0, (on
E-mail address: (to be used for future annual r	eport nouncation)
For further information concerning this mat	tter, please call:
Linda Stantan	at (814) 706-1401
Name of Contact Person	at (814) 706-1401 Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2016

LINDA STANTON 405 POPLAR STREET WARREN, PA 16365

SUBJECT: SEIBERT HOLDINGS, LLLP

Ref. Number: A10000000869

We have received your document for SEIBERT HOLDINGS, LLLP 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.

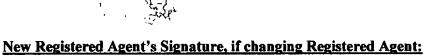
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 816A00003773

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	TO	一次 李《
CERTIFICATE OF	LIMITED PARTNERSHIP	Salar Salar
CERTIFICATE	OF	0.4
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) e (bev	t Holdinge LL	LP 3
Insert name currently on f	ile with Florida Department of State	<u> </u>
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certify 29 20 16, assigned Floadopts the following certificate of amendment to This amendment is submitted to amend the following: A. If amending name, enter the new name of the here:	icate was filed with the Florida De orida document number <u>A I 00</u> its certificate of limited partnershi	partment of State on 00000 869, ip.
New name must be distinguis	hable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	ipal office address, enter new ma	iling address and/or
Name D. State of O.C. A. A. A. A. a. a. a.		
New Principal Office Address:		
(Must be STREET address)		
Novy Mailing Address		
New Mailing Address: (May be post office box)		
(May be post byfice bar)		
C. If amending the registered agent and/or registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres.	S
	, Florida	Zin Code
	1 JD?	rin i <i>Noe</i>



BOTH OF SECTION S. 33 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
	Partner	Linda E. Startan	405 Poplar Strect Warren PA 16365	☐ Add ☑ Remove
	partrer	Judith L. Saunders	405 Poplar Street Warren PA 16345	Add Remove
	partrer	Scibert Manageme	nt, LLC 405 Poplar Stree Warren, PA 16365	✓ Add + □ Remove
				Add Remove
	 .			Add Remove
		· · · · · · · · · · · · · · · · · · ·		Add Remove
		artnership or limited liability o" status, enter change here:	limited partnership is amendi	ng its "limited liability
	This Limited	Partnership hereby elects to be a	"Limited Liability Limited Part	tnership."

(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.

	.•		3	1040 2 2	
F. If amending any other infor	mation, ent	ter change(s)	here: (Attach add	ditional shee	is, if necessary.)
		<u> </u>			
••					
Effective date, if other than the date (Effective date cannot be prior to nor mor State.)	e of filing: e than 90 da	ys after the dat	e this document is f	filed by the Flo	orida Department of
Signature(s) of a general partner	or all gen	eral partne	rs*:		
(*NOTE: Only one current general partnermoving a "limited liability limited partnermoving a "limited liability").	ership" elect	ion statement.	Chapter 620, F.S.,	limited partne requires all ge	rship is adding or meral partners to sign
In John					
	 			· · · · · · · · · · · · · · · · · · ·	
					
	·				
Signature(s) of all new or dissocia	,			•	`
	on behal	ef of The	inas G. Scibert	(dece	(sed)
/					
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				2016 P
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TIM STANTON MD

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NOTE: Only one ourrent				e limited mastros	shin it addine or
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tion adding or removing a	numer trapitly h	प्रतादत विकास सम्बद्धा । 	ercent mether)		
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