

A1100000294

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: drespress@bhgriffin.com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
BEN HILL GRIFFIN, III FAMILY LIMITED PARTNERSHIP, LL**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

SEP 13 2021

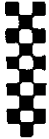
S. PRATHER

2021 SEP 10 PM 1:35

REGISTRY
TALLAHASSEE, FLORIDA

850-817-8381

9/10/2021 10:31:57 AM PAGE 1/001 Fax Server



September 10, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BEN HILL GRIFFIN, III FAMILY LIMITED PARTNERSHIP, LLLP
P. O. BOX 128
FROSTPROOF, FL 33843

SUBJECT: BEN HILL GRIFFIN, III FAMILY LIMITED PARTNERSHIP, LLLP
REF: A1100000294

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A post office box is not an acceptable address for the registered agent.

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.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000335178
Letter Number: 521A00021827

(H21000335178 3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ben Hill Griffin, III Family Limited Partnership, LLLP

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:

Keith H. Wadsworth

Contact Person

Peterson & Myers, P.A.

Firm/Company

P.O. Drawer 7608

Address

Winter Haven, FL 33883

City, State and Zip Code

drespress@bhgriffin.com

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

For further information concerning this matter, please call:

Keith H. Wadsworth

at (863) 294-3360

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

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(H21000335178 3)

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

BEN HILL GRIFFIN, III FAMILY LIMITED PARTNERSHIP, LLLP

Insert name currently on file with Florida Department of State

FILED
2021 SEP 10 PM 1:11
OFFICE OF THE CLERK
STATE OF FLORIDA

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 4/11/2011, assigned Florida document number A11000000294, 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:

Keith H. Wadsworth

New Registered Office Address:

242 West Central Avenue

Enter Florida street address

Winter Haven

City

, Florida 33880

Zip Code

(H21000335178 3)

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>
GP	Ben Hill Griffin, III	425 North Lake Reedy Blvd. Frostproof, FL 33843	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Ben Hill Griffin, IV	1 Bracres Lane Frostproof, FL 33843	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Candace Griffin Denton	151 Catherine Ave. Babson Park, FL 33827	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Kathryn Griffin Rogers	1576 Seminole Blvd. Babson Park, FL 33827	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

Ben Hill Griffin, IV

Candace Griffin Denton

Kathryn Griffin Rogers

Ben Hill Griffin IV
Candace Griffin Denton
Kathryn Griffin Rogers

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA