

A110000000582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

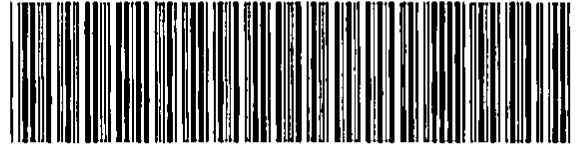
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200318259442

09/18/18--01002--0000 **52.50

FILED
2019 JAN 24 PM 1:29
TALLAHASSEE FLORIDA

BRUCE
FEB 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2018

STUART R. MORRIS, ESQ.
MORRIS LAW GROUP
7274 W. PALMETTO PARK ROAD, STE 101
BOCA RATON, FL 33433

SUBJECT: DRAY-VIN, LLLP
Ref. Number: A11000000582

We have received your document for DRAY-VIN, 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):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 918A00019816

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 24 PM 1:29

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRAY-VIN, 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:

Stuart R. Morris, Esq.

Contact Person

Morris Law Group

Firm/Company

7284 W. Palmetto Park Road, Suite 101

Address

Boca Raton, FL 33433

City, State and Zip Code

smorris@law-morris.com

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

FILED
2019 JAN 24 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sarah Dumas

at (561) 750-3850

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

DRAY-VIN, LLLP

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 August 8, 2011, assigned Florida document number A11000000582 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/o principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

FILED
2019 JAN 24 PM 1:29
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

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 am familiar with and accept the obligations of my position as 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	Moorman, Wallace D	8299 NW 51st Manor Coral Springs, FL 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Moorman, James N	8281 NW 51st Manor Coral Springs, FL 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	IED Investments, LLC	118 Willowbrook Duncanville, TX 75116	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

☐ 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.)



FILE
2019 JAN 24 PM 1:29
STATE OF FLORIDA
TALLAHASSEE

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