

A12000000106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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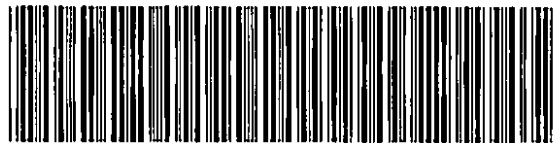
(Business Entity Name)

(Document Number)

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19 JAN 17 AM 8:24  
TALLAHASSEE, FLORIDA

JAN 25 2019

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A&M SOUTHWORTH 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:

TOM LIMROTH

\_\_\_\_\_  
Contact Person

DONOVAN & LIMROTH CPAs

\_\_\_\_\_  
Firm/Company

10410 SEMINOLE BLVD STE 1

\_\_\_\_\_  
Address

SEMINOLE, FL 33778

\_\_\_\_\_  
City, State and Zip Code

TOM@DLCPAS.COM

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

For further information concerning this matter, please call:

TOM LIMROTH

at ( 727 ) 393-6709

\_\_\_\_\_  
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**

A&M SOUTHWORTH 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 29, 2012, assigned Florida document number A12000000106, 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 L.L.P.*

**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*

*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.*

**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	ALFRED M SOUTHWORTH	10410 SEMINOLE BLVD STE 1 SEMINOLE FL 33778	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	MARGARET L SOUTHWORTH	10410 SEMINOLE BLVD STE 1 SEMINOLE FL 33778	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	ELIZABETH S LIMROTH	10410 SEMINOLE BLVD STE 1 SEMINOLE FL 33778	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	GEORGE L SOUTHWORTH	PO BOX 16966 TAMPA FL 33687	<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

☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

Page 2 of 3

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.)

ESL

GLS

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

ALFRED M SOUTHWORTH SR

MLS

ESL

GLS

DECEASED-SEE DEATH CERT ATTACHED

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



U.S. Department of State  
REPORT OF DEATH OF A U.S. CITIZEN ABROAD

Guadalajara, Jalisco, Mexico  
Post

10-21-2014  
Date of Issue (mm-dd-yyyy)

SSA No. 264-22-2057

Name in full Alfred Montgomery SOUTHWORTH

Age 91

Date (mm-dd-yyyy) and Place of Birth 01-20-1923 Florida United States of America

Evidence of U.S. Citizenship Regular Passport # 515163842 issued on May 16, 2014

Address in U.S.A.

Permanent or Temporary Address Abroad Calle Tempisque # 4, Ajijic, Chapala, Jalisco, Mexico

Date of death Oct 11 08 15 2014  
Month Day Hour Minute Year

Place of death Calle Tempisque # 4 Ajijic, Chapala, Jalisco Mexico  
Number and street or Hospital/Hotel City Country

Cause of death A) Multiple organ failure, B) Septicemia, C) Myasthenia gravis, D) Urinary tract infection, as stated by  
Including authority for statement - if physician, include full name and official title, if any.

Dr. Carlos Garcia Diaz del Castillo. Registration No. 887227

Disposition of the remains Cremated in Zapopan, Jalisco, Mexico

Local law governing disinterment of remains provides that N/A

Disposition of the effects In custody of wife, Margaret League Southworth

Person or official responsible for custody of effects and accounting therefore Margaret League Southworth

Traveling/residing abroad with relatives or friends as follows:

NAME	ADDRESS
Margaret League Southworth	Calle Tempisque No. 4 Ajijic, Chapala, Jalisco MEX 45920

NAME	ADDRESS	DATE (mm-dd-yyyy) NOTIFIED

NAME	ADDRESS	DATE (mm-dd-yyyy) SENT
Margaret League Southworth	Calle Tempisque No. 4, Ajijic, Chapala, Jalisco MEX 45920	10/21/2014

Notification or copy sent to Federal Agencies: SSA ☒ VA ☐ CSC ☐ Other ☐ State Agency

The original copy of this document and information concerning the effects are being placed in the permanent files of the U.S. Department of State, Washington, DC 20520.

Remarks:

Death registered at the Chapala Civil Registry Office No. 1, Book 1, Act 184, on October 11, 2014

(Continue on reverse if necessary.)

{SEAL}

Alesia L. Sourine - Vice Consul

of the United States of America.