

A12000000107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

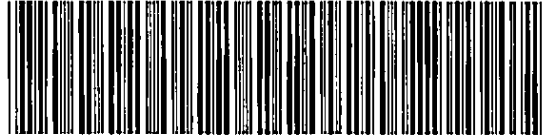
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 19 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&M SOUTHWORTH FARM 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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 FARM 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 A12000000107, 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)

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TALLAHASSEE, 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

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>
<u>GP</u>	<u>ALFRED M SOUTHWORTH</u>	<u>10410 SEMINOLE BLVD</u> <u>STE 1</u> <u>SEMINOLE FL 33778</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>MARGARET L SOUTHWOR</u>	<u>10410 SEMINOLE BLVD</u> <u>STE 1</u> <u>SEMINOLE FL 33778</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>ELIZABETH S LIMROTH</u>	<u>10410 SEMINOLE BLVD</u> <u>STE 1</u> <u>SEMINOLE FL 33778</u>	<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

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 ALLAHUJEE, FLORIDA

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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.)

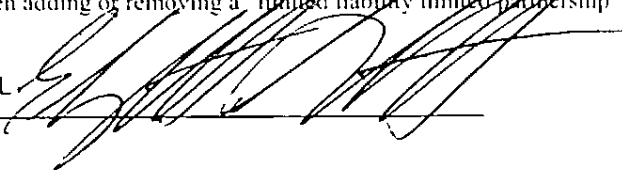
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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.


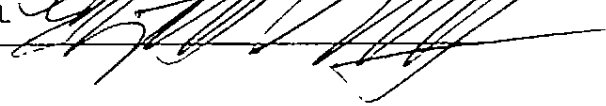
Signature(s) of a general partner or all general partners*:

*(*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.)*

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TALLAHASSEE, FLORIDA

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

ALFRED M SOUTHWORTH SR
MLS 
ESL 

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 10-21-2014
Post 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
<u>Margaret League Southworth</u>	<u>Calle Tempisque No. 4 Ajijic, Chapala, Jalisco MEX 45920</u>

NAME	ADDRESS	DATE (mm-dd-yyyy) NOTIFIED

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

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] _____
Signature on all copies

Alesia L. Sourine - Vice Consul of the United States of America.

SOUTHWORTH (Last name)
Alfred (First name)
18 NOV - 2 AM 8:18
MONTGOMERY (Middle name)
10-11-2014 (Date (mm-dd-yyyy) of death)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DURABLE POWER OF ATTORNEY

I, MARGARET L. SOUTHWORTH, the principal, hereby designate my son, GEORGE L. SOUTHWORTH, and my daughter, ELIZABETH S. LIMROTH, as my co-attorneys-in-fact and Agents, with both having the power and authority to act only with the joinder and consent of the other (subsequently called my Agent) in my name and for my benefit:

1. **GENERAL GRANT OF POWER.** To exercise or perform, without prior court approval, any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including, without limitation, the following specifically enumerated powers. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my Agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted. This Durable Power of Attorney shall apply to any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which I may hold a general, limited or special power of appointment; chooses in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled.

(a) **POWERS OF COLLECTION AND PAYMENT.** To forgive, request, demand, sue for, recover, collect, receive, hold all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, social security, insurance and other contractual benefits and proceeds, all documents of title, all property, real or personal, tangible or intangible property and property rights, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by, or due, owing, payable or belonging to, me or in which I have or may have hereafter acquired an interest; to have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same;

(b) **POWER TO ACQUIRE, SELL AND TRANSFER.** To acquire, purchase, exchange, grant options to sell, and sell and convey real or personal property, tangible or intangible, or interests therein, on such terms and conditions as my Agent shall deem proper;

(c) **MANAGEMENT POWERS.** To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interest therein, that I now own or may hereinafter acquire, in my name and for my benefit, upon such terms and conditions as my Agent shall deem proper;

m.l.s. (d) BANKING POWERS. To create or change rights of survivorship, to make, receive, and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, in banks, savings and loan associations and other institutions, execute or release such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted;

m.l.s. (e) MEDICAID / VA POWERS. To apply for VA benefits and/or Medicaid benefits on my behalf and to do anything necessary to assist in qualifying me for such benefits including but not limited to preparing and executing Qualified Income Trusts and Personal Service Contracts;

(f) MOTOR VEHICLES. To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment;

(g) BUSINESS INTERESTS. To conduct or participate in any lawful business of whatever nature for me and in my name, execute partnership agreements and amendments thereto, incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate, or dissolve any business, elect or employ officers, directors and agents, carry out the provisions of any agreement for the sale of any business interest or the stock therein; and exercising voting rights with respect to stock, either in person or by proxy, and exercise stock options;

(h) TAX POWERS. To act without limitation on my behalf with regard to federal income taxes, state and local income taxes, gift and other tax returns of all sorts, including where appropriate, joint returns, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time to file returns or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies or courts, including the tax court, regarding tax matters, and any and all other tax-related documents, including but not limited to consents and agreements under Section 2032A of the Internal Revenue Code or any successor section thereto and consents to split gifts and closing agreements, for all tax periods and for all jurisdictions; to complete Internal Revenue Service Form 2848, Power of Attorney and Declaration of Representative (or other prescribed form) on my behalf as well as to perform all other functions contemplated by that form whether they are required or merely permissible; to consent to any gift and to utilize any gift-splitting provisions or other tax election; to prepare, sign and file any claims for refund of any tax; to post bonds, receive confidential information and contest deficiencies determined by the Internal Revenue Service or any state or local taxing authority; to exercise any and all elections that I may have under federal, state or local tax laws including without limitation the allocation of any generation-skipping tax exemption to which I may be entitled;

(i) SAFE DEPOSIT BOXES. To have access at any time or times to any safe deposit box rented by me, wheresocver located, and to remove all or any part of the contents thereof and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Agent to exercise this power;

MARGARET L. SOUTHWORTH DURABLE POWER OF ATTORNEY

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OF ST. JOHNS COUNTY
FLORIDA

(j) MISCELLANEOUS.

MLB (a) To create an inter vivos trust on my behalf and to fund such inter vivos trust or to fund a previously established inter vivos trust so long as such trust does not interfere with any existing testamentary plan of mine.

MLB (b) To make gifts, grants or transfers (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made) without consideration, either outright or in trust to such persons or organizations as my attorney-in-fact shall deem appropriate, including, without limitation, the following actions: (i) to take advantage of the annual exclusion under federal gift tax law provided such gifts are reasonable to all concerned; (ii) transfer by gift in advancement of a bequest or devise to beneficiaries under my Will or inter vivos trust agreement; and (iii) release of any life interest, or waiver, renunciation, or declination of any gift to me by will, trust or deed.

(c) To establish a custodian or other type of investment account with any bank, trust company, investment broker, or other securities dealer.

(d) To represent me in any receivership or bankruptcy or other proceeding of a similar nature as my truly authorized Agent, attorney-in-fact, or proxy.

(e) To execute, on my behalf, any instrument which may be requisite or expedient to effectuate any result or thing pertaining to my property or to me.

MLB (f) To make on my behalf any and all statutory elections and disclaimers available to me at law.

MLB (g) To create or change a beneficiary designation, to deal with all retirement plans of which I am a member including individual retirement accounts, rollovers, and voluntary contributions; to direct any pension fund, insurance, or annuity company, the United States Social Security Administration, or any other party making payments to me to make such payments directly to a financial institution for direct deposit into my account, and to waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

(h) To apply for public benefits on my behalf with any federal, state or local agency, without restriction, and to receive and apply such benefits on my behalf; to maximize my entitlement to federal and state medical, welfare, housing and other programs, by all legitimate and proper means within the sound and trusted discretion of my attorney-in-fact.

(i) To retain such accountants, attorneys, social workers, consultants, clerks, employees, workmen, or other persons as my agent shall deem appropriate in connection with the management of my property and affairs and to make payments from my assets for the charges of such persons so employed.

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TALLAHASSEE, FLORIDA

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(j) To execute stock powers or similar documents on my behalf and delegate to a transfer agent or similar person the authority to register any stocks, bonds, or other securities either into or out of my name or a nominee's name.

(k) To convey or mortgage homestead real property.

2. **INTERPRETATION AND GOVERNING LAW.** This instrument is to be construed and interpreted as a general durable power of attorney. The enumeration of specific powers herein granted is not intended to, nor does it, limit or restrict the general powers herein granted to my Agent or as granted by Florida Statute 709.08. This instrument is executed and delivered in the State of Florida, and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions.

3. **THIRD PARTY RELIANCE.** Third parties may rely upon the representations of my Agent as to all matters to any power granted to my Agent, and no person who may act in reliance upon the representation of my Agent or the authority granted to my Agent shall incur any liability to me or my estate as a result of permitting my Agent to exercise any power. My Agent shall execute any affidavit as may be required by a third party to verify my Agent's authority to act under this document.

4. **DISABILITY OF PRINCIPAL.** It is my intent in executing this instrument that the power conferred on my Agent shall be exercisable commencing with the date hereof, notwithstanding any later disability or incapacity that I may suffer, so that this Durable Power of Attorney shall not be affected by disability of the principal except as provided by Florida Statute.

5. **SUBSTITUTE AGENT.** If either GEORGE L. SOUTHWORTH or ELIZABETH S. LIMROTH is unable or unwilling to serve, then the remaining individual shall serve as my sole attorney-in-fact and Agent.

6. **NONDELEGABILITY.** This Durable Power of Attorney shall be nondelegable.

7. **RESORT TO COURTS.** In the event that it becomes necessary to resort to court action, I hereby authorize my Agent to seek on my behalf and at my expense:

A. A declaratory judgement from any court of competent jurisdiction interpreting the validity of this document or any of the acts authorized by this document, but such declaratory judgement shall not be necessary for my Agent to perform any act authorized by me in this document; or

B. A mandatory injunction requiring compliance with my Agent's instructions by any person obligated to comply with instructions given by my Agent; or

MARGARET L. SOUTHWORTH DURABLE POWER OF ATTORNEY

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- C. Actual and punitive damages against any person obligated to comply with instructions given by my Agent who negligently or willfully fails or refuses to follow such instructions.

In any judicial action under this section, including, but not limited to, the unreasonable refusal of a third party to allow my Agent to act pursuant to the powers granted herein, and challenges to the proper exercise of authority by my Agent, my Agent shall be entitled to seek recovery for damages and costs from such third party, including reasonable attorney's fees, in accordance with Florida Statute Section 709.08(11).

8. **REIMBURSEMENT OF AGENT.** My Agent shall not be entitled to compensation for services performed under this Durable Power of Attorney, but he or she shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision of this Durable Power of Attorney, and shall be released from any and all liability for any actions and decisions made in good faith.

IN WITNESS WHEREOF, I have executed this General Durable Power of Attorney this 9th day of March, 2012, and I have directed that photographic copies of this power shall have the same force and effect as an original.

Attested and subscribed in the presence of the principal and subsequent to the principal subscribing same:

[Signature]
Witness

[Signature]
Witness

Margaret L. Southworth
MARGARET L. SOUTHWORTH

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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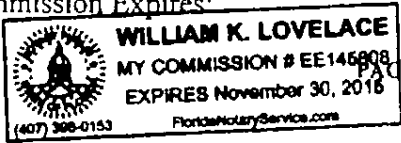
STATE OF FLORIDA)
 COUNTY OF PINELLAS)

ON THIS 1st day of April, 2015, before me, William K. Lovelace, the undersigned notary, personally appeared MARGARET L. SOUTHWORTH, known to me, or who produced a drivers license as identification, and who took an oath, to be the person whose name is subscribed to the above instrument, and being informed of the contents of said instrument, acknowledged that she voluntarily executed the same for the uses and purposes herein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

William K. Lovelace
 Notary Public
 My Commission Expires:

MARGARET L. SOUTHWORTH DURABLE POWER OF ATTORNEY



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