

A120000000232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

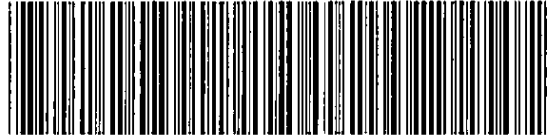
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/22/23--01016--011 **52.50

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GORDON J. SCHIFF, P.A.

www.schiffpa.com
info@schiffpa.com

4155 WEST CYPRESS STREET
TAMPA, FLORIDA 33607

Phone 813-515-7979
Fax: 813-515-7977

August 17, 2023

VIA USPS Priority Mail
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

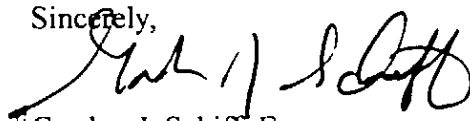
Dear Ladies and Gentlemen,

On behalf of Double Screen Associates, LLLP, enclosed please find the original Certificate of Amendment to Certificate of Limited Partnership amending the principal office and mailing address for filing with the Florida Department of State Division of Corporations. We have enclosed the fee to file the amendment of \$52.50.

If you have any questions, please feel free to contact me at: (phone) 813-515-7979 or (email) GJS@schiffpa.com.

Thank you for your attention to this matter.

Sincerely,



Gordon J. Schiff, Esq.

Encls. (Certificate of Amendment to Certificate of Limited Partnership and Check Number 4767 Dated 08/17/2023 in the amount of \$52.50).

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STATE
CLERK

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

Double Screen Associates, 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 4/25/2012, assigned Florida document number A12000000232, 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 <i>STREET</i> address)	16637 Patterson Road
	Odessa, FL 33556

New Mailing Address: (May be post office box)	16637 Patterson Road
	Odessa, FL 33556

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	_____
<i>City</i>		<i>Zip Code</i>

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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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STATE OF FL
CLERK OF COURT

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.)

A. KAY DAVIS O'ROURKE REVOCABLE TRUST
AGREEMENT OF 1994, DATED JULY 20, 1994,
AS AMENDED

By: Cherie K. Wallace

Cherie K. Wallace, as Co-Trustee

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