

A12 CCO 000 334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

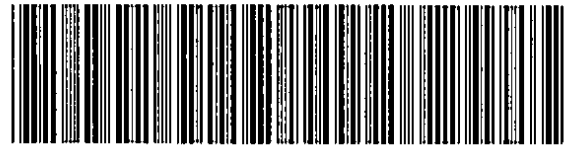
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/01/21--01004--019 **25.00

11/24/21--01004--001 **27.50

2021 13 PM 4:32

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NOV 24 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Simone Investment Group, 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:

Schuyler Sietker

Contact Person

The Simone Investment Group, LLLP

Firm/Company

1745 State Road 16

Address

St. Augustine, FL 32084

City, State and Zip Code

schuylers@sayskids.org

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

For further information concerning this matter, please call:

Schuyler Sietker at (904) 699-1846
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2021

SCHUYLER SIEFKER
1745 STATE ROAD 16
ST. AUGUSTINE, FL 32084

SUBJECT: THE SIMONE INVESTMENT GROUP LLLP
Ref. Number: A12000000334

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by all of the general partners.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00027180

Rec'd 11/15/21



2021 NOV -4 AM 10:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2021

SCHUYLER SIEFKER
704 ALDEN WAY
ST. AUGUSTINE, FL 32086

SUBJECT: THE SIMONE INVESTMENT GROUP LLLP
Ref. Number: A12000000334

We have received your document for THE SIMONE INVESTMENT GROUP LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The form submitted is for a Limited Liability Company but the entity is a Limited Partnership and the fee to file is \$52.50.

There is a balance due of \$27.50.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 021A00024649

THE SIMONE INVESTMENT GROUP, LLLP

1745 Sate Road 16, Saint Augustine, FL 32084

November 16, 2021

Irene Albritton
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document A12000000334

Dear Ms. Albritton,

Thank you for your assistance in completing this request. As per your request, Wendy Moran has signed for the deceased partners. I have enclosed the packet as instructed. If you need any additional information or have any questions, please let me know.

Warmest Regards,

A handwritten signature in black ink, appearing to read "Melissa Robison", with a long, sweeping horizontal line extending to the right.

Melissa L. Robison
Executive Assistant

2021 JUN 18 PM 4:32

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

The Simone Investment Group, 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 June 8, 2012, assigned Florida document number A12000000334, 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)

1745 State Road 16

St. Augustine, FL 32084

New Mailing Address:

(May be post office box)

1745 State Road 16

St. Augustine, FL 32084

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>
<u>GP</u>	<u>Simone, Carl V.</u>	<u>527 Lake Road</u> <u>Ponte Vedra Beach, FL 32082</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>Simone, Elaine</u>	<u>527 Lake Road</u> <u>Ponte Vedra Beach, FL 32082</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>Sietker, Schuyler</u>	<u>704 Alden Way</u> <u>St. Augustine, FL 32086</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>Moran, Wendy</u>	<u>1745 State Road 16</u> <u>St. Augustine, FL 32084</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

☐ 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.)

Carl Simone

Elaine Simone

deceased signed by Wendy
deceased signed by Wendy

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

Wendy Man

Schugler Sinker

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75