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COVER LETTER

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SUBJE	CT: A. W.	BAYLOR FAMILY LI ne of Florida Limited Part	MITED PARTNERS nership or Limited Li	HIP jability Limit	ed Partners	hip	
The encl	osed Certificate of Amendment and fee(s) are submitted or filin				ing.		
Please re	eturn all corre	spondence concernin	g this matter to:				
Penny	K. Every		,				
		Contact Person					
Jeffr	ey C. Sweet	, Esquire				تب	
		Firm/Company					
595 W	. Granada B	lvd., Suite A			<u>.</u>	94ED-6	,
		Address					
Ormon	d Beach, FL	32174			က် ကြက် ကြက်	Ξ	e e
		ity, State and Zip Code			 (tv	ထဲ	\$
Penny E-n	.every@jswe mail address: (to	etlaw.com be used for future annual	report notification)		TATE.	M 8: 08	
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For furt	her informati	on concerning this ma	atter, please call:				
Penn	y K. Every) 676-56		_	
_	Name of Contac		Area Code ar	nd Daytime T	elephone N	umber	
Enclose	ed is a check f	or the following amo	unt:				
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

A. W. BAYLOR FAMILY LII		
Insert name currently on file	with Florida Dep	artment of State
Pursuant to the provisions of section 620.1202, Florinited liability limited partnership, whose certific October 5th, 2012, assigned Floring adopts the following certificate of amendment to i	ate was filed wilda document r	ith the Florida Department of State on umber _A12000000614,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li here:	mited partnersh	ip or limited liability limited partnership
New name must be distinguished	able and contain a	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L. B. If amending mailing address and/or princip	ip, Limited, L.P., L imited Liability Li	.P. or Ltd. mited Parmership, L.L.L.P. or LLLP.
principal office address here:		2
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		ASSET BE
C. If amending the registered agent and/or registered	ed office address	on our records, enter the name of the new
registered agent and/or the new registered office ad	aress gere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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
om 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>	Address	Type of Action
<u>GP</u>	AWP BAYLOR, INC.	1860 West County Rd 2006 Bunnell, FL 32110	☐ Add ☑ Remove
	726 Bunnell Road, Inc.	1760 N. U.S. Hwy 1 Ormond Beach, FL 32174	X Add □ Remove
			_ □ Add □ Remove
			Add Remove
			Add Add SSE SE
			☐ Adep Remove

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.)

ffective date, if other than the date of filing: December 11, 2023					<u> </u>
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