

A12 000 000 737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

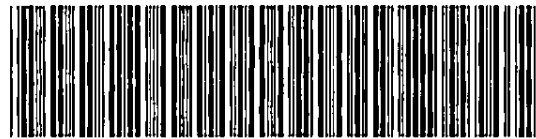
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/19/21--01012--002 \*\*52.50

FILED

2021 AUG -6 PM 4:08

Amend

AUG 11 2021  
ALBRITTON



RECEIVED

2021 AUG -6 PM 2:45

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2021

DAVID A. HURLEY  
4129 UNITED AVENUE  
MOUNT DORA, FL 32757

SUBJECT: HURLEY FAMILY PARTNERSHIP, LLLP  
Ref. Number: A12000000737

We have received your document for HURLEY FAMILY PARTNERSHIP, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(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 II

Letter Number: 321A00013704

\* SIGNED DOCUMENT INCLUDED.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HURLEY FAMILY PARTNERSHIP, 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:

DAVID A. HURLEY

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

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

4129 UNITED AVENUE

\_\_\_\_\_  
Address

MOUNT DORA, FL 32757

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

ACCOUNTANT@COOKFORLIFE.COM

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

For further information concerning this matter, please call:

DAVID A. HURLEY at ( 352 ) 443-5678  
\_\_\_\_\_  
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

FILED  
2021 AUG -6 PM 4:08

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

HURLEY FAMILY PARTNERSHIP, 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 1/29/2021, assigned Florida document number A12000000737, 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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*

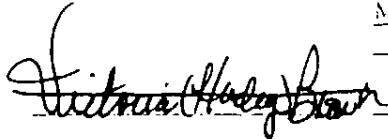
*Zip Code*

**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>                      |
|--------------|--|----------------------|--|
| _____        | HURLEY, VICTORIA   | 4129 UNITED AVENUE   | <input type="checkbox"/> Add               |
| _____        |  | MOUNT DORA, FL 32757 | <input checked="" 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            |

**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.)*

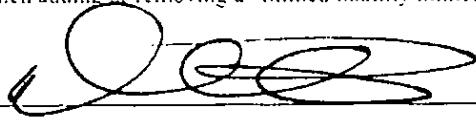
Effective date, if other than the date of filing: \_\_\_\_\_

*(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.)*



DAVID A. HURLEY

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



VICTORIA HURLEY  
VICTORIA (Hurley) Brown

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