

A130000000SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

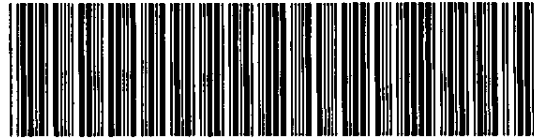
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



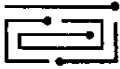
500291813645

11/08/16--01011--019 **105.00

FILED
16 NOV -8 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 9 2016



CONNER, HUBBARD & COMPANY, LLC
Certified Public Accountants

Taxation, Accounting, Pension Planning, and Business Counseling

October 28, 2016

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Worldwide Distribution, LLLP
Document Number: A13000000055

Dear Sir or Madam:

Enclosed for filing please find Articles of Amendment for Worldwide Distribution, LLLP.

Also enclosed please find our firm's check in the amount of \$105.00, representing the filing fee for the Articles of Amendment along with a certified copy of same.

Please call me if you have questions, or need additional information.

Sincerely,
CONNER, HUBBARD & COMPANY, LLC

Steven W. Conner, CPA

Steven W. Conner
Certified Public Accountant

Enclosures
SWC/jh
cc: Robert Simon

FILED
16 NOV - 8 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Q:\Word\U, V, W, X, Y, and Z files\WOR6000 (Worldwide Production Co LLC)\2.100 Ltr to Sec. of State enclosing Articles of Amendment and filing fee.doc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worldwide Distribution, 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:

Steven W. Conner, Registered Agent

Contact Person

Conner Hubbard & Company, LLC

Firm/Company

1106 Park Avenue

Address

Orange Park, FL 32073

City, State and Zip Code

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

FILED
16 NOV -8 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Steven W. Conner

at (904)

278-1040

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**

Worldwide Distribution, 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 01/30/13, assigned Florida document number A13000000055, 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)

FILED
NOV - 8 PM 2:16
SECRETARY OF STATE
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

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:

[illegible]

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

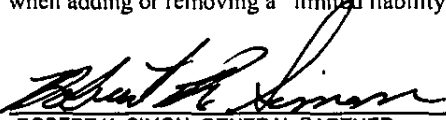
Page 2 of 3

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.)

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.)


ROBERT K. SIMON, GENERAL PARTNER

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


SUSAN M. SIMON, Disassociating General Partner

FILED
16 NOV - 8 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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