

A15000000088

(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



000295531610

02/22/17--01025--023 **125.00

03/09/17--01001--014 **27.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -8 P 4:57

FILED

D. BRUCE
MAR 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2017

RONDA ELLIS C/O KIMONE HALL, ACP
ELLIS, GED & BODDEN, P.A.
7171 NORTH FEDERAL HWY
BOCA RATON, FL 33487

SUBJECT: RONDA ELLIS FAMILY LIMITED PARTNERSHIP
Ref. Number: A15000000088

We have received your document for RONDA ELLIS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A00000580

2017 MAR - 8 P 4: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RONDA ELLIS FAMILY PARTNERSHIP
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:

RONDA ELLIS C/O Kimone Hall
Contact Person
Ellis, Ged & Bodden, P.A
Firm/Company
7171 North Federal Highway
Address
Boca Raton, FL. 33487
City, State and Zip Code
rellis@egblaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimone Hall at (561) 910-8245
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

FILED
2017 MAR - 8 P 4:57
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

RONDA ELLIS FAMILY LIMITED PARTNERSHIP

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 1/29/2015, assigned Florida document number A15000000088, 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:

N/A

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)

3001 NW 29th Road
Boca Raton, FL 33431

New Mailing Address:
(May be *post office box*)

3001 NW 29th Road
Boca Raton, FL 33431

FILED
2017 MAR - 8 P 4:57
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:

n/a

New Registered Office Address:

3001 NW 29th Road

Enter Florida street address

Boca Raton, Florida 33431
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.

N/A

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>
GP	Ellis Family GP LLC	7171 NORTH FEDERAL H Boca Raton, FL. 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Ellis Family GP LLC	3001 NW 29th Road Boca Raton, FL. 33431	<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
			<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.)

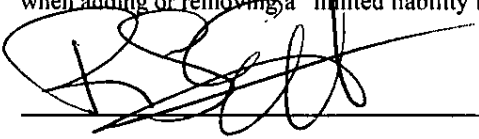
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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.)



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

FILED
2017 MAR - 8 P 4: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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