

A15000000354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

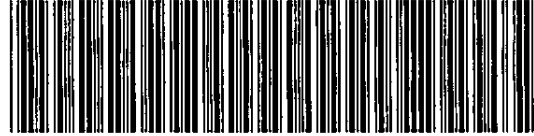
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

eff 5/10/16

Office Use Only



800283585988

04/25/16--01029--022 **52.50

FILED
16 MAY -9 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTUS Advisory Partners 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:

Karen O'Loughlin

Contact Person

AUTUS Advisory Partners LLLP

Firm/Company

6610 N University Dr #250

Address

Tamarac FL 33321

City, State and Zip Code

koloughlin@autuspartners.com

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

For further information concerning this matter, please call:

Karen O'Loughlin

Name of Contact Person

at (844)

288-8700 x 710

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY -9 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 27, 2016

KAREN O'LOUGHLIN
6610 N UNIVERSITY DR #250
TAMARAC, FL 33321

SUBJECT: AUTUS ADVISORY PARTNERS, LLLP
Ref. Number: A15000000354

We have received your document for AUTUS ADVISORY PARTNERS, 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 effective date must be specific and cannot be prior to the date of filing.
- ✓ Each person in part D must have the title GP, Mr./Ms. is not acceptable.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00008779

FILED
16 MAY -9 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AUTUS Advisory Partners 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 1, 2015, assigned Florida document number A15000000354, 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>
(KO) GP <u>Ms.</u>	<u>Maryann Keller</u>	<u>86 Winthrop Dr</u> <u>Riverside CT 06878</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
(KO) GP <u>Mr.</u>	<u>Michael Jones</u>	<u>2426 Addison Lane</u> <u>Alpharetta GA 30005</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
(KO) GP <u>Mr.</u>	<u>Daniel L. Bertucelli</u>	<u>6610 N. University Dr</u> <u>Suite 250</u> <u>Tamarac, FL 33321</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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
16 MAY -9 PM 12:20
STATE OF FLORIDA
TALLAHASSEE

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.)

See 3a and 3b

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

Delete GP Maryann Keller

Effective date, if other than the date of filing: 12-31-15 5-10-16 (K)

(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.)

Kam Foughl

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

Delete Maryann Keller

X Maryann Keller

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

FILED
15 MAY -9 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

add GP Michael Jones
and GP Daniel Bertucelli

Effective date, if other than the date of filing: _____

5-10-16

(140)

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

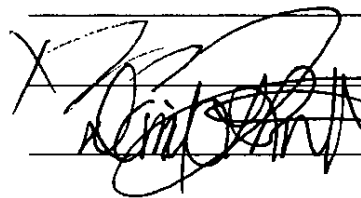
Signature(s) of a general partner or all general partners*:

(*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.)

Karen Hough

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

Add Michael Jones
Add Daniel L. Bertucelli

X  4/2/16
4/2/16

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