

A15000000515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

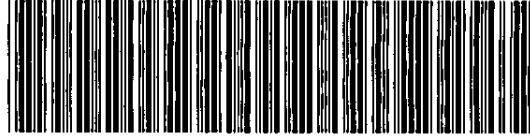
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W/4-2405

Office Use Only



800271522328

01/05/16--01012--009 **25.00

01/21/16--01030--016 **27.50

FILED

2016 JAN 21 P 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2016
J. BRUCE

January 19, 2016

30883-0004

Via Overnight UPS
1Z W00 106 01 9765 2009

Ms. Deborah Bruce
Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
2016 JAN 21 P 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Doire Family Limited Partnership Name Change

Dear Ms. Bruce:

As per our conversation, enclosed please find the following:

1. Original Cover Letter and Certificate of Amendment to Certificate of Limited Partnership of Doire Family Limited Partnership;
2. Copy of your letter dated, January 5, 2016; and
3. Additional filing fee in the amount of \$27.50. (You are holding our check in the amount of \$25.00 which completes the filing fee of \$52.50.)

Very truly yours,



Vicki S. Lundy, PP, PLS
Paralegal to Todd L. Denison

Vsl/vsl
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2016

TODD L. DENISON
PHELPS DUNBAR LLP
P.O. BOX 2727
MOBILE, AL 36652

SUBJECT: DOIRE FAMILY LIMITED PARTNERSHIP
Ref. Number: A15000000515

2016 JAN 21 P 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for DOIRE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

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: 316A00000156

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doire Family Limited 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:

Todd L. Denison
Contact Person
Phelps Dunbar LLP
Firm/Company
P. O. Box 2727
Address
Mobile, AL 36652
City, State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd L. Denison at (251) 441-8206
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

2016 JAN 21 P 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Doire 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 8/19/2015, assigned Florida document number A15000000515, 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:

LHD Family Limited Partnership

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 2 P 4:42

FILED

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>
_____	_____	_____	<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

☐ Add
☐ Remove
☐ Add
☐ Remove
☐ Add
☐ Remove
☐ Add
☐ Remove
☐ Add
☐ Remove
☐ Add
☐ Remove

2016 JAN 21 P 4:42

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.

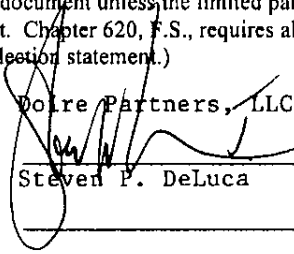
(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)*

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

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.)

Doire Partners, LLC


Steven P. DeLuca

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

FILED
2016 JAN 21 P 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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