91500000566

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MÁIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Sunt 5tmt corr for coop



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09/18/15--01020--020 **35.00

10/20/15--01014--019 **17.50

SEP 29 2015 N. CAUSSEAUX

A 15, -566

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:		Kelli Grove, Ltd.	ity Limited Partnership	
The enclosed Certif	icate of Amendment a	and fee(s) are submitted	for filing.	
Please return all cor	respondence concern	ing this matter to:		
	Ryan Hoover			
	Contact Person			
T∨	C Development, Inc	c.		
	Firm/Company			
3030	Hartley Road, Suite	310		
	Address			
1		- -		
	icksonville, FL 3225 City, State and Zip Code	<u> </u>		
	•			areals areals
	owles@vestcor.con be used for future annua			2
E-man address. (to	o de used for future affilia	report notification)		7
For further informat	ion concerning this m	natter, please call:		25 FH 3: 50
	y Bowles	at (<u>904</u>)	288-7777	<u></u>
Name of Conta	act Person	Area Code and Day	ytime Telephone Number	
Enclosed is a check	for the following amo	ount:		
\$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 ADDRES	SS:	MAILING	ADDRESS:	
Registration Section		Registration	Section	
Division of Corpora	tions		Corporations	
Clifton Building		P. O. Box 6.	327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2015

RYAN HOOVER TVC DEVELOPMENT 3030 HARTLEY ROAD, SUITE 310 JACKSONVILLE, FL 32257

SUBJECT: KELLY GROVE, LTD. Ref. Number: A15000000566

We have received your document for KELLY GROVE, LTD. and your check(s) totaling \$35.00. 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.

There is a balance due of \$17.50.

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.

Letter Number: 015A00019917

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Grove, Ltd.	
Insert name currently on fil	e with Florida Dep	partment of State
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certification September 15, 2015, assigned Flo	cate was filed v rida document	with the Florida Department of State on number A1500000566,
adopts the following certificate of amendment to	its certificate of	f limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	imited partnersl	hip or limited liability limited partnership
Kelli G	rove, Ltd.	
New name must be distinguish	able and contain a	n acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I	nip, Limited, L.P., i Limited Liability L	LP, or Ltd. imited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	oal office addr	ess, enter new mailing address and/or
New Principal Office Address:		\$ \$\overline{A}\text{9} \overline{A}\$
(Must be STREET address)		
		TO TO DIME
New Mailing Address:		33.5
(May be post office box)		mo 3
		RID RID
C. If amending the registered agent and/or register		ess on our records, enter the name of the
new registered agent and/or the new registered offic	e address nere:	
Name of New Registered Agent:		
New Registered Office Address:		7
	Enter F	Torida 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 gener	al partner(s),	enter the	name and	business	address	of each	general	partner	being
	led or removed from ou	_								

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			_ Add _ Remove
			Add Remove
			SEP 28
			AM 8: 19
			Add 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.)

				·
Effective date, if other than the date Effective date cannot be prior to nor mor tate.)	e of filing: e than 90 days af	er the date this doc	ument is filed by	the Florida Department (
ignature(s) of a general partner	or all general	partners*:		
NOTE: Only one current general partners or a "limited liability limited partners are adding or removing a "limited liabiled liabi	ership" election s	tatement. Chapter 6	620, F.S., requires	partnership is adding or sall general partners to s
John D. Rood, President to the GI	<u> </u>			
				
gnature(s) of all new or dissocia	ating general :	nartner(e) if an	*/*	
guature(s) of an new of dissocia	ating general	Jaither (S), II an	<u>Y</u> .	
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lling Foot	# #3 # 0			SEP 2
ling Fee: ertified Copy (optional):	\$52.50 \$52.50			SE CO
ertificate of Status (optional):	\$8.75			AM 8: 49 Of State E. Florid