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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000229057 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLEET & SMITH P.A.

Account Number : T20020000170 Phone : (850)651-4006

Fax Number : (850) 651-5006

Enter the email address for this business entity to be used for future D ... annual report mailings. Enter only one email address please.

Email Address:

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MIDPOINT GROUP, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Electronic Filing Menu

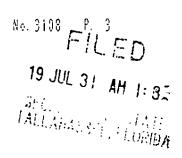
Corporate Filing Menu

Help

K. SAIV

COVER LETTER

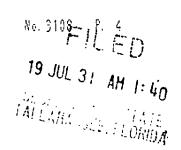
TO: Registration Division of	on Section of Corporations		
SUBJECT: MIDE	OINT GROUP, LP		
	Name of Florida Limited Par	tnership or Limited Liability	y Limited Partnership
The enclosed Cor	tificate of Amendment a	nd fee(s) are submitted	for filing.
Please return all c	orrespondence concerni	ng this matter to:	
P. MICHELLE MCC	BEE		
	Contact Person		
FLEET & SMITH			
	Pirm/Company		
1283 EGLIN PARK	WAY, SUITE A		
	Address		
SHALIMAR, FL 32:	579		
	City, State and Zip Code		
E-mail address:	(to be used for future annual	report notification)	
For further inform	nation concerning this m	atter, please call:	
Р. МІСИВЕЛЕ МСС	GER	at () ⁶⁵¹⁻⁴	4006
Name of Co	entact Person	Area Code and Day	time Telephone Number
Enclosed is a che-	ck for the following amo	unt:	
S52.50 Filing Fee	□\$61.25 Filing Fcc and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDR	ESS:	MAILING A	ADDRESS:
Registration Secti		Registration	Section
Division of Corpo		Division of C	Corporations
Clifton Building		P. O. Box 63	
2661 Executive C		Tallahassee,	FL 32314
Tallahassee, FL 1	32301		



CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MIDPOINT GROUP, LP	
Insert name currently on fil	le with Florida Department of State
limited liability limited partnership, whose certification July 27, 2016 assigned Flo	lorida Statutes, this Florida limited partnership or cate was filed with the Florida Department of State on orida document number A16000000365
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 l here:	imited partnership or limited liability limited partnership
New name must be distinguish	nable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: .	hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If unuending the registered agent and/or regist new registered agent and/or the new registered office	ered office address on our records, <u>enter the name of the</u> ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	TO A SE
	, Florida City Zip Code

Jul. 31. 2019 12:22FM



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>	Name	<u>Address</u>	Type of Action
GP	ROBERT GRISOFF, SR.	4716 SEASTAR VISTA DESTIN, FL 32541	_
<u>GP</u>	GRISOFF GROUP, LLC	401 CHURCH STREET UNIT 1424 O'FALLON, MO 63366	_ ■ Add _ □ Remove
			_
			_
			Add CI 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 parmership" status, all general partners must sign this amendment.)

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ffective date, if other than the date of filing:	
Mective date cannot be prior to nor more than 90 days after the date this document is filed b	y the Florida Department of
itare.) Note: If the date inserted in this block does not meet the applicable statutory filing requiremen	ts, this date will not
e listed as the document's effective date on the Department of State's records.	
Signature(s) of a general partner or all general partners*;	
NOTE: Only one current general portner is required to sign this document unless the limited	partnership is adding or
emoving a "limited liability limited partnership" election statement. Chapter 620, F.S., require when adding or removing a "limited liability limited partnership" election statement.)	es an General barmers to Man
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	<u> </u>
	J. J.
Signature(s) of all new or dissociating general partner(s), if any:	3) A
Signature(s) of all new or dissociating general partner(s), if any:	
Signature(s) of all new or dissociating general partner(s), if any:	
Signature(s) of all new or dissociating general partner(s), if any:	
Signature(s) of all new or dissociating general partner(s), if any:	January A.
Signature(s) of all new or dissociating general partner(s), if any:	
Signature(s) of all new or dissociating general partner(s), if any:	
Signature(s) of all new or dissociating general partner(s), if any:	
Signature(s) of all new or dissociating general partner(s), if any: Filling Fee: Certified Copy (optional): \$52.50	