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WEST POLK COUNTY '
'225 East Lemon Street * Suite 300
Lakeland, Florida 33801
(863) 683-6511 or (863) 676-6934
Fax (863) 682-8031

P.O. Box 24628 .

Lakeland, FL 33802-4628



EAST POLK COUNTY 242 West Central Avenue Winter Haven, Florida 33880 (863) 294-3360 Fax (863) 299-5498

P.O. Drawer 7608 Winter Haven, FL 33883-7608

WINTER HAVEN April 19, 2018

Registration Section Attn: Michelle Milligan Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Amendment

CGD Family Limited Partnership, LLLP

Dear Michelle:

Thank you for taking my phone call today. Enclosed is a check for \$52.50 for the filing fee along with information to amend CDG Family Limited Partnership, LLLP. The General Partner is amended to add Candace Griffin Denton and remove Catherine Griffin Denton with regard to CGD Family Limited Partnership, LLLP. Please forward information back to us when this is completed in the anclosed preaddressed envelope.

Should you have any questions, please feel free to call or email me at 863-455-1334 or mroberts@petersonmyers.com.

Thank you for your time.

Sincerely,

Mary Roberts Legal Assistant to Keith H. Wadsworth

/mr enclosure

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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: CGD FAMELY LIMITED PA	ARTNERSHIP, LLLP rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Keith H. Wadsworth	
Contact Person	
Peterson & Myers. P.A. Firm/Company	2011 APR 23
242 West Central Avenue	
Address	
Winter Haven, FL 33880	D
City, State and Zip Code	
Cg21602@ao1.com E-mail address: (to be used for future annual	
For further information concerning this ma	atter, please call:
Keith H. Wadsworth	at (863) 294–3360
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	unt:
X \$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Insert name currently on fi		nortment of State		-
insert name currently on in	ne with Florida De	partification State		
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certificember 9, 2016, assigned Floadopts the following certificate of amendment to	icate was filed v orida document	vith the Florida D number <u>A16000</u> 0	epartment of 9	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lacre</u> :	limited partners	hip or limited liab	ility limited pa	rtnership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
New name must be distinguish	hable and contain a	n acceptable suffix.		***
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:			AFRICATION LEEP	-
B. If amending mailing address and/or princi <u>principal office address here</u> :	pal office addr	ess, <u>enter new m</u>	ailing addres	s and767
New Principal Office Address: (Must be STREET address)			1: HS	
New Mailing Address: (May be post office box)				
C. If amending the registered agent and/or regist	ered office addr	ess on our records	s, enter the na	me of the
new registered agent and/or the new registered offic	ce address here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter F	Tlorida street addre.	ss	
		, 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 A	gent
if changing registered	" igenii,	DIFIGURE OF		Tre State of the	150111

D.	If amending the general	partner(s),	enter the	name an	l business	address	<u>of each</u>	general	partner	being
	led or remoyed from our									

<u>Title</u>	<u>Name</u>	Address	Type of Action	
General Partner	Catherine Griffin Dento	on 151 Catherine Ave. Babson Park, FL 33827	Add &	-17
General Partner	Candace Griffin Denton	151 Catherine Ave. Babson Park, FL 33827	Add 2	
			Add Remove	
			Add Remove	
			Add Remove	

E.	If the limited	partnership	or limited	liability	limited	partnership	is ar	mending:	its	"limited	liability
lin	nited partnersl	nip" status, en	iter 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 inform	nation, enter c	hange(s)	here: (Attach a	dditional .	sheets, if	necessi	ary.)
		· · · · · · ·					
			·····				
mag : 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.71						
Effective date, if other than the date (Effective date cannot be prior to nor more State.)	: of filing: : than 90 days af	fter the date	this document i.	s filed by th	ne Florido	a Depart	tment of
Signature(s) of a general partner	or all genera	l partner	<u>s*:</u>				
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability limite	ership" election s	statement.	Chapter 620, F.S	e limited p ., requires	artnership all genera	o is addi al partne	ng or rs to sigi
Candace S Dentin	\supset					2018 /	
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		•			2000 2000 2010 2010 2010		
					82.1		
		•			<u> </u>	ല	
Signature(s) of all new or dissocia	ting general	partner(s), if any:				
							
	 						
							
							
					•		
6	\$52.50						
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75						