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K. SALY APR 3 2018

COVER LETTER

10:	Registration Se Division of Co			
SUB	IECT: B&	Johnson G	(Suppressible of Limited Liability	
	Nam	e of Florida Limited Partr	nership or Limited Liability	Limited Partnership
The	enclosed Certifica	ate of Amendment and	d fec(s) are submitted f	or filing.
Plea	e return all corre	spondence concerning	g this matter to:	
A	tert Wh	Rehead Contact Person		
1	$3(x \rightarrow b)$	Contact Person Syn Old July Firm/Company		
1-1	70 E 108	We Roll	130C	
A	rt lande	Address Jak, Fl ty, State and Zip Code	3334	
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	oay two help	e used for future annual r	. Com	
	E-mail address: (to b	e used for future annual r	report notification)	
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Fort		on concerning this ma	_	
A	ibent Wh	ile head	_at (<u>954)</u> Area Code and Dayt	17, -0979
T	Name of Contac	t Person	Area Code and Dayt	ime Telephone Number
Ercl	osed is a check for	or the following amou	int:	
Æ SS	2.50 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
STR	EET ADDRESS	S:	MAILING A	
	stration Section		Registration 5	
	sion of Corporati	ons	Division of C P. O. Box 63	•
	on Building Executive Center	er Circle	Tallahassee.	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

FILED
18 MAR 30 2
SECRETARY OF STATE
TO SEE TABLE

		OF		
Q	l ian-	(' -	10	
アノス	Johnson		h]	
	Insert name currer	tly on file with Flo	rida Departme	nt of State

limited li リ <i>ブ</i> フ	to the provisions of section 620.1202, F bility limited partnership, whose certifically assigned Flo following certificate of amendment to	cate was filed with the rida document numbe	Florida Department of State on FA17800000163.
This amen	dment is submitted to amend the following:		
	nding name, enter the new name of the l	imited partnership or	limited liability limited partnership
	New name must be distinguish	hable and contain an accep	table suffix.
Acceptable Acceptable	Limited Partnership suffixes: Limited Partnersi Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LP, or I Limited Liability Limited I	.td. Partnership, L.L.L.P. or LLLP.
	ending mailing address and/or princi ipal office address here:	pal office address, <u>en</u>	ter new mailing address and/or
	New Principal Office Address: (Must be STREET address)	2340 Wilton Mans	m Dr. Y, fr. 33305
	New Mailing Address: (May be post office box)		
C. If am new regis	ending the registered agent and/or regist ered agent and/or the new registered offi	tered office address on ce address here:	our records, enter the name of the
<u>Nan</u>	e of New Registered Agent:	ert 60. Whil	dance-
<u>Nev</u>	Registered Office Address:	Enter Florida	street address
			, Florida
		City	Zip Code

w Registere	the appointment as registe	changing Registered Agent: ered agent and agree to act in this c relative to the proper and complete	THE MAR 30 PH 4: Compactly. I further agree to performance of my duties, and I Compact
familier wit	h and accept the obligation	ns of my position as registered agen	if. Signature of New Registered Agent
If amendin led or temov	g the general partner(s), <u>e</u> <u>red from our records</u> :	nter the name and business addres	s of each general partner being
<u>Title</u>	<u>Name</u>	Address	Type of Action
+	Albert Wh	Ext Conductor	305 Add Remove 3330/ Add Remove
			Add Remove
			☐ Add☐ Remove
			Remove
nited partne	ership" status, enter chan		
🗅 This Lir	nited Partnership hereby e	lects to be a "Limited Liability Lim	ited Partnership."
		emoves its "Limited Liability Limit	

	,			
F. fan	nending any other info	ormation, enter chan	ge(s) here: (Attach addition	al sheets, if necessar
		·	<u> </u>	
-	<u> </u>			
Effective da	e, if other than the da	ate of filing:		
(Effective date State.)	cannot be prior to nor me	ore than 90 days after to	he date this document is filed b	y the Florida Departn
Note: If the da	e inserted in this block do	oes not meet the applica	able statutory filing requiremen	nts, this date will not
be listed as the	document's effective dat	te on the Department of	State s records.	
Į.				
Signature(s	of a general partne	er or all general pa	rtners*:	
/*NOTE: On	y one current general par	tner is required to sign	this document unless the limite	ed partnership is addin
(*NOTE: Onl	y one current general par nited liability limited par	tner is required to sign to	this document unless the limitement. Chapter 620, F.S., requi	ed partnership is adding res all general partners
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March 15 2018

BIG JOHNSON GROUP, LP ALBERT W. WHITEHEAD 1770 E LAS OLAS BLVD. #305 FORT LAUDERDALE, FL 33301

SUBJECT: BIG JOHNSON GROUP, LP. Ref. Number: A17000000163

We have received your document for BIG JOHNSON GROUP, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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: 418A00005275

Karen A Saly

Regulatory Specialist II