

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sacament Names)
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: JOHNNY T. PATRONIS 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:

SCOT	T B. BARLOGA			
	Contact Person			
BAR1	OGA LAW PLLC			
-	Firm/Company			
P.O. E	30x 571			
PANA	Address AMA CITY, FL 32402			
C	City, State and Zip Code			
sbarlo	ga@barlogalaw.com			
	be used for future annual	report notification)		
For further informati Scott Barloga	on concerning this ma	at (850) <u>805-6101</u>		
Name of Contact Person		Area Code and Daytime Telephone Number		
Enclosed is a check t	or the following amo	unt:		
🕱 \$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	
Mailing Address:		Street Addr	ess:	
Registration Section		Registration Section		
Division of Corporations		Division of	Division of Corporations	
P.O. Box 6327		The Centre	The Centre of Tallahassee	
Tallahassee, FL 3231	4	2415 N. Monroe Street, Suite 810		
		Tallahassee.	, FL 32303	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF JOHNNY T. PATRONIS FAMILY LIMITED PARTNERSHIP 101 C: 19

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 12/31/1984, assigned Florida document number A18181, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

New name must be distingu	ishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnershor LLLP.	ted Partnership, Limited, L.P., LP, or Ltd. hip suffixes: Limited Liability Limited Partnership, L.L.L.P
B. If amending mailing address and/or principal office address here:	ncipal 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 amending the registered agent and/or roof the new registered agent and/or the new registered agent agent agent agent and/or the new registered agent age	egistered office address on our records, enter the name registered office address here:
Name of New Registered Agent:	Joan L. Patronis
New Registered Office Address:	3613 Delwood Drive, Panama City, FL 32408

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:

Title	Name	Address	Type of Action
GP	Johnny T. Patronis	3613 Delwood Drive, Panama City, FL 32408	REMOVE
GP	Joan L. Patronis	3613 Delwood Drive, Panama City, FL 32408	ADD

- 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:
State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 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 sig when adding or removing a "limited liability limited partnership" election statement.)
Joan L. Patronis
Signature(s) of all new or dissociating general partner(s), if any:
Joan L. Cationis
Joan L. Patronis Ode K. Calinus
Johnny T. Patronis By: Joan L. Patronis, Personal Representative of the Estate Of John L. Patronis (Bay County, FL Probate Case No. 2020-127-CP)
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

COVER LETTER

Registration Section TO:

Division of Corporations

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	Contact Person	·	
BARI	LOGA LAW PLLC		
	Firm/Company		
P.O. I	3ox 571		
	Address	· · · · · · · · · · · · · · · · · · ·	
PANA	AMA CITY, FL 32402		
	City, State and Zip Code		
sbarlo	ga@barlogalaw.com		
E-mail address: (to	be used for future annual	report notification)	
For further informat	ion concerning this ma	atter, please call:	
Scott Barloga	·	at (850) <u>805-6101</u>	
Name of Contact Person		Area Code and Day	time Telephone Number
Enclosed is a check	for the following amo	unt:	
\$\$ \$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
Mailing Address:		Street Addr	ess:
Registration Section		Registration Section	
Division of Corporat	ions	Division of (-
P.O. Box 6327			of Tallahassee
Tallahassee, FL 32314		2415 N. Moi	nroe Street, Suite 810

Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF JOHNNY T. PATRONIS FAMILY LIMITED PARTNERSHIP 29 Kil 9: 10

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B. If amending mailing address and/or principal office address here:	ncipal 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 amending the registered agent and/or roof the new registered agent and/or the new r	registered office address on our records, enter the name registered office address here:
Name of New Registered Agent:	Joan L. Patronis
New Registered Office Address:	3613 Delwood Drive, Panama City, FL 32408

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	Address	Type of Action
		3613 Delwood Drive, Panama	
<u>GP</u>	Johnny T. Patronis	City, FL 32408	REMOVE
		3613 Delwood Drive, Panama	
GP	Joan L. Patronis	City, FL 32408	ADD

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 - 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not
be 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 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.)
100 8 + 5150 =
Joan L. Patronis
Signature(s) of all new or dissociating general partner(s), if any:
Joan K. talinio
Joan L. Patronis
May USTO
Labour T. Parania
Johnny T. Patronis By: Joan L. Patronis, Personal Representative of the Estate
Of John L. Patronis (Bay County, FL Probate Case No. 2020-127-CP)
Filing Fee: \$52.50 Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75