

A19 000000 280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

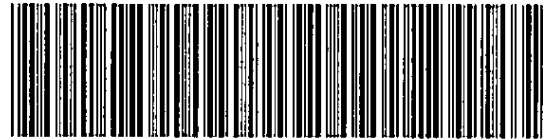
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200359588322 ✓

02/08/21--01040--018 \*\*52.50

S. TALLER  
MAR 19 2021

2021 MAR -3 PM 9:07

Cert of  
Amend



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY -3 PM 3:13

S. TALLANT  
TALLANT & ASSOCIATES, P.L.L.C.  
TALLANT & ASSOCIATES, P.L.L.C.

April 1, 2021

THOMAS J. CAPLICE  
8971 DANIELS CENTER DRIVE #309  
FORT MYERS, FL 33912

SUBJECT: MACNELL ACCOUNTING & CONSULTING, LLLP  
Ref. Number: A19000000280

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ALL PARTNERS MUST SIGN IN ALL LOCATIONS ON THE DOCUMENT.  
PLEASE RESUBMIT.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 021A00006777

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MACNELL ACCOUNTING & CONSULTING, LLLP

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:

Thomas J. Caplice

Contact Person

MacNell Accounting & Consulting, LLLP

Firm/Company

8971 Daniels Center Drive #309

Address

Fort Myers, FL 33912

City, State and Zip Code

tcaplice@macnell.cpa

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Zayia

at (847) 675-3100

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

MACNELL ACCOUNTING & CONSULTING, LLLP

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 July 8, 2019, assigned Florida document number A19000000280, 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 limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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 general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	<u>WEHRS, JENNIFER</u>	_____ _____ _____	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>CAPLICE, KATHLEEN</u>	<u>15667 CARRIEDALE LN.</u> <u>FORT MYERS, FL 33912</u> _____ _____	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> 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.)*

**F. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

General Partner: BOYLE, MARITIN G. needs to be and is hereby corrected in the spelling to BOYLE, MARTIN G.

---

---

---

---

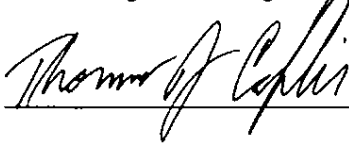
Effective date, if other than the date of filing: \_\_\_\_\_

*(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.)



---

---

---

---



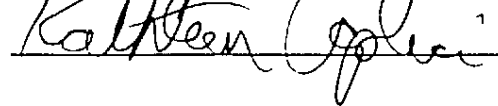
---

---

---

---

**Signature(s) of all new or dissociating general partner(s), if any:**

---

---

---

---

---

---

---

---

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75