A1900000280

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	*)
PICK-UP WAIT	MAIL
(Business Entity Name	•)
(Document Number)	
Certified Copies Certificates o	of Status
Special Instructions to Filing Officer.	
	
•	
Office Use Only	



200412148992

07/28/23--01624--028 **52.50

TI ED

FALLAHASSEE, FLORID.

RECEIVED 2024 APR -4 AM 8: 25

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: MACNEI	L ACCOUNTING & CO	NSULTIN	IG LLLP		
Nan	ne of Florida Limited Partr	ership or	Limited 1	Liability	Limited Partnership
The enclosed Certific	ate of Amendment and	d fee(s)	are subn	nitted fo	or filing.
Please return all corre	espondence concerning	g this ma	atter to:		
THOMAS J CAPLICE				_	
	Contact Person				
MACNELL ACCOUNT	ING & CONSULTING LL	.LP			
	Firm/Company			-	
8971 DANIELS CENTE	R DRIVE #309				
	Address				
FORT MYERS, FLORIE	OA 33912			_	
C	ity, State and Zip Code				
TCAPLICE@MACNEL				_	
E-mail address: (to	be used for future annual re	eport noti	fication)		
For further information	on concerning this mat	tter, plea	se call:		
KARIN ZAYIA		_at (847	675-31	100
Name of Contac	t Person	Are	a Code a	nd Dayti	ne Telephone Number
Enclosed is a check f	or the following amou	nt:			
■ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		.00 Filing tified Cop		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporate P.O. Box 6327 Tallahassee, FL 3231			Registr Division The Co 2415 N	entre of V. Mont	

.

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

MACNELL ACCOUNTING & CONSULTING	LLLP	2024 APR - I,	PH 1:00
Insert name currently on f	ile with Florida Department	of State	······································
		•	
ursuant to the provisions of section 620.1202, Finited liability limited partnership, whose certif //08/2019, assigned Flo	icate was filed with the orida document number	Florida Departme A19000000280	ership or ent of State of
lopts the following certificate of amendment to	its certificate of limite	d partnership.	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the	limited nartnershin or l	imited liability lim	ited partnersh
ere:	militar partnersuip or a		
New name must be distinguis	hable and contain an accept	able suffix.	
cceptable Limited Partnership suffixes: Limited Partners cceptable Limited Liability Limited Partnership suffixes:	chip, Limited, L.P., LP, or L Limited Liability Limited F	td. 'artnership, L.L.L.P. c	or LLLP.
If amending mailing address and/or princ principal office address here:	ipal office address, <u>en</u>	ter new mailing a	ddress and/
New Principal Office Address:			
(Must be STREET address)			
			
New Mailing Address:			<u></u>
(May be post office box)			
C. If amending the registered agent and/or registe registered agent and/or the new registered office a	red office address on our ddress here:	r records, <u>enter the</u>	name of the n
Name of New Registered Agent:			
New Registered Office Address:	.		
	Enter Florida	street aaaress	
		, Florida	
	City	Zip Co	de .

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.

<u>itle</u>	<u>Name</u>	Address	Type of Action
TNR	WEHRS, JENNIFER	8971 DANIELS CENTER DRIVE SUITE 309 FORT MYERS, FL 33912	Add Remove
			_ □ Add □ Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
			_

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, e	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 of State.)	g: days after the date this	document is filed by the Florida Department of
Note: If the date inserted in this block does not meet be listed as the document's effective date on the Dep	the applicable statutor partment of State's reco	y filing requirements, this date will not ords.
Signature(s) of a general partner or all ge	eneral partners*:	
("NOTE: Only one current general partner is requir removing a "limited liability limited partnership" ele when adding or removing a "limited liability limited	ection statement. Chap	ter 620, F.S., requires all general partners to sign
Thorno & alli		
1 mb		
		
Signature(s) of all new or dissociating ger	neral partner(s), i	(any:
Qual Wens		
7-7-		
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		