

A 19243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

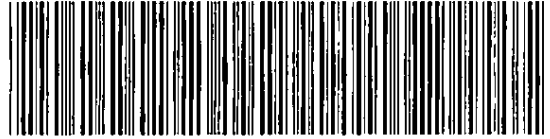
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLEETWOOD ASSOCIATES LLLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to:

A.T. PARSONS JR  
Contact Person  
FLEETWOOD ASSOCIATES LLLP  
Firm/Company  
6999 MERRILL RD #2-334  
Address  
JACKSONVILLE FL 32277-3006  
City, State and Zip Code  
ATPPETE@AOL.COM  
E-mail address: (to be used for future annual report notification)

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STATE DEPT OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

A.T. PARSONS JR at ( 904 ) 635-5975  
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



**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>   |
|--------------|-------------|-------------------------|---|
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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TALLAHASSEE  
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**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 ADDRESS:

SOUTHERN PROPERTY PLANNERS INC

6909 MERRILL RD #2-334

JACKSONVILLE FL 32277-3006

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.

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TALLAHASSEE, FL

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[Handwritten Signature]*  
Southern Property Planners Inc.  
General Partner

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