## A2000000579

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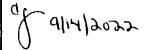




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2022 JUN 21 PH 4: 51



COVER LETTER			£
TO: Registration S Division of C			
SUBJECT: <u>Com</u>	Macia Deve Name of Limited Partner	Spread Grown Ship or Limited Liability Li	Thited Partnership
The enclosed Stateme	ent of Correction and	fee(s) are submitted for	filing.
Please return all corre	espondence concerning	g this matter to:	
Jarvis	GILL Contact Person		
Jarvis Commercial	Development Firm/Company	Group HEP	
1512 5 Mel			
Sonford, FL	3277( ity, State and Zip Code	<del></del>	
Caginyestmen	crup@amail.	eport notification)	
	on concerning this ma		
Laru's Gu Name of Contac		at ( <u>407·</u> ) <u>74</u> Area Code and Day	time Telephone Number
Enclosed is a check fe	or the following amou	ent:	
\$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 Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Addre Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section orporations f Tallahassee roe Street, Suite 810

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	2022 July 21 Pr 4:51
Commercial Develop	ment GOOUD LILP
Insert name currently	on file with Florida Department of State
limited liability limited partnership, whose co	02, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State on d Florida document number ARCOCOGO 19, ent to its certificate of limited partnership.
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of here:	the limited partnership or limited liability limited partnership
New name must be distir	nguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suff	rtnership, Limited, L.P., LP, or Ltd. fixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or proprincipal office address here:	rincipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	Sonford, FL 32171 Bay 120
New Mailing Address: (May be post office box)	3920, W. Airport Blud Sonford PL, Barri Buy 120
C. If amending the registered agent and/or regregistered agent and/or the new registered office	gistered office address on our records, <u>enter the name of the new</u> <u>ce address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida City 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>	Name	<u>Address</u>	Type of Action
CEO	Jarvis Gu	2900. W. Airport Blvd. Saford, FL 32771 By 120	_ <b>⊠</b> Add □ Remove
			_
<del></del>			_
<del></del>			_
	· · · · · · · · · · · · · · · · · · ·		_
			_

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 Partnershi	) '	This Limited Partnership	hereby elects to be a	"Limited Liability	y Limited Partnership
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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.)

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-	
Effective date, if other than the date of filing:	115/22
(Effective date cannot be prior to nor more than 90 days afte State.)	r the date this document is filed by the Florida Departmen
Note: If the date inserted in this block does not meet the app	
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 six	in this document unless the limited partnership is adding
(*NOTE: Only one current general partner is required to sig removing a "limited liability limited partnership" election sta	in this document unless the limited partnership is adding of the state
when adding or removing a "limited liability limited partners	ship" election statement.)
<del></del>	
4	
<u>A</u>	
Signature(s) of all new or dissociating general p	artner(s), if any:
Signature(s) of all new or dissociating general p	artner(s), if any:
Signature(s) of all new or dissociating general p	artner(s), if any:
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Signature(s) of all new or dissociating general p	artner(s), if any:
Signature(s) of all new or dissociating general p	artner(s), if any:
Mass apper Dim John	artner(s), if any:
Signature(s) of all new or dissociating general p  May Amarian  Filing Fee: \$52.50  Certified Copy (optional): \$52.50	artner(s), if any: