A23000000082

(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:				
Special Instructions to Filing Officer:				





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2024 JUL 11 PM 3: 57

COVER LETTER

TO:	Registration S Division of C				
SUBJ			LLP		
	Nar	ne of Florida Limited Part	nership or Limited Liability	/ Limited Partnership	
The er	nclosed Certific	cate of Amendment ar	d fee(s) are submitted	for filing.	
Please	return all corre	espondence concernin	g this matter to:		
	Travis	Schooley Contact Person			
	N5920	R. LLLP	<u></u>		
	7624	Firm/Company SW 9M S	st		
	Oreich	Address OVER 52 34 ity. State and Zip Code	974		
E-mail address: (to be used for future annual report notification)					
For fu	rther information	on concerning this ma	itter, please call:		
In	Name of Contac	nooley et Person	at (SU3) (o Area Code and Dayt	324 - 1103 ime Telephone Number	
Enclos	sed is a check f	or the following amou	int:		
□ \$52.	.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	St 13.75 Filing Fee. Certified Copy, and Certificate of Status	
Regist Divisi P.O. E	ng Address: ration Section on of Corporat Box 6327 assee, FL 3231			Section Corporations f Tallahassee troe Street, Suite 810	

CERTIFICATE OF AMENDMENT TO

FILED

CERTIFICATE	OF LIMITED PART	INERSHIP 2024 JUL 11 PM 3: 5	57
N5920 R.		The section of the section	E DA
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose conditions of the condition of the condition of the condition of the following certificate of amendments of the condition of the conditio	certificate was filed wi ed Florida document nu	th the Florida Department of State Imber <u>1923 0000008</u>	on
This amendment is submitted to amend the follow	wing:		
A. If amending name, <u>enter the new name of</u> here:	the limited partnershi	or limited liability limited partne	<u>rship</u>
New name must be disti	inguishable and contain an	acceptable suffix.	—
Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suf B. If amending mailing address and/or p	fixes: Limited Liability Lim	ited Partnership, L.L.L.P. or LLLP.	<u>d/or</u>
principal office address here:			
New Principal Office Address (Must be STREET address)	<u> </u>		
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or registered agent and/or the new registered offi	•	n our records, <u>enter the name of the</u>	e new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
-	City	Florida Zin Code	
	1 1117	in the contract of the contrac	

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>Title</u>	Name	Address	Type of Action
<u>er</u>	Dutin L. Gray	1621 Lake Dr. Oklechobel, Pl. 34974	Add Remove
			□ Add □ Remove
			☐ Add ☐ Remove
	partnership or limited liability hip" status, enter change here:	limited partnership is amend	ing its "limited lia

Pernove partner Dus	ange(s) here: (Attach additional sheets, if necessary.)
Perilove partition out	on circus
Effective date, if other than the date of filing:	7 3 7004
(Effective date cannot be prior to nor more than 90 days after State.)	
Note: If the date inserted in this block does not meet the appli be listed as the document's effective date on the Department of	
,	
Signature(s) of a general partner or all general p	artners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election stat	
when adding or removing a "limited liability limited partnersh	
Dustin L. Gray	Trans 2 Schooley
general partner	approval partner
(discoviation)	(Iso has in its a)
(01350010311119)	<u>(remaining)</u>
Signature(s) of all new or dissociating general pa	rtner(s), if any:
Δ	
	2024 J
Dustin L. Gray	AHA JUL
alkeral maner	SSE
(discosin line)	5. F. S.
(alsociating)	
-	57 RIDA
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	