

A23000000670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

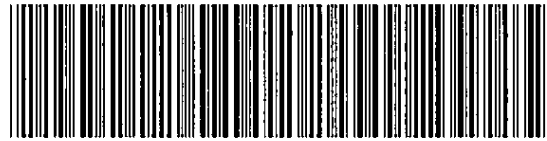
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900434693389

LP Amendment

FILED
2024 AUG 16 AM 9:51 RECEIVED
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA
2024 AUG 16 PM 1:28

AUG 19 2024
A RAMSEY



Attorneys and Counselors at Law
123 South Calhoun Street
P.O. Box 391 32302
Tallahassee, FL 32301
P: (850) 224-9115
F: (850) 222-7560
ausley.com

August 6, 2024

VIA HAND-DELIVERY
(please return via USPS)

Florida Secretary of State
Division of Corporations
2415 N Monroe St
Suite 810
Tallahassee, FL 32303

Re: Filing of Amendment to Articles of Incorporation
Axlanna, Limited Partnership

Dear Regulatory Specialist for the Florida Division of Corporations:

Enclosed please find the Certificate of Amendment to Certificate of Limited Partnership of Axlanna, Limited Partnership for filing and processing plus copies for date stamp. A check in the amount of \$52.50 to cover the fee is also provided.

I have also enclosed a self-addressed stamped envelope so any document issued under this matter can be mailed back to us.

Please do not hesitate to contact me regarding this filing should you have any questions.

Sincerely,

/s/ Maura Anderson
Paralegal at Ausley & McMullen
manderson@ausley.com
(850) 425-5350

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axlanna, Limited Partnership

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:

Robert A. Pierce, Esquire

Contact Person

Ausley & McMullen

Firm/Company

123 S Calhoun St

Address

Tallahassee, FL 32301

City, State and Zip Code

bpierce@ausley.com

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

For further information concerning this matter, please call:

Robert A. Pierce, Esq.

at (850) 425-5484

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**

FILED
2004 AUG 16 AM 9:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

Axlanna, Limited Partnership

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 10/14/1999, assigned Florida document number A2300000670, 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: N/A
(Must be STREET address) _____

New Mailing Address: N/A
(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
_____, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Twelve White Paws II, LLC	1815 Tuscan Hill Drive Tallahassee, FL 32312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Three Hearts Management, LLC	1815 Tuscan Hill Drive Tallahassee, FL 32312	<input checked="" 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
_____	_____	_____	<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.)*

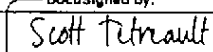
Effective date, if other than the date of filing: _____

(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.)

DocuSigned by:

EB7B7C0B88AB4E8 ..

Scott Tetreault, as the Authorized Representative of

Twelve White Paws II, LLC

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



Karen Tetreault, as the Authorized Representative of

Three Hearts Management, LLC

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