A23554

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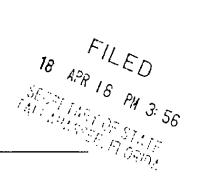
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COVER LETTER

TO: Registration Division of C				
SUBJECT: Mallard	Cove Partners, LTD			
Na	ame of Florida Limited Par	tnership or Limited Liabilit	ty Limited Partnership	
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all cor	respondence concernit	ng this matter to:		
Randall A. Pitts				
-	Contact Person			
Randcor Inc.				
	Firm/Company			
1025 Assisi Lane				
	Address			
Jacksonville, FL 32233	•			
	City, State and Zip Code			
otterrun.randcor@com	cast.net			
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call:		
Randall A. Pitts		at (904) 249	-6447	
Name of Conta	act Person		rtime Telephone Number	
Enclosed is a check	for the following amo	unt:		
\$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	
STREET ADDRES	SS:		ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Cen	iter Circle	Tallahassee,		
Tallahassee Fl 32		* *** *** *** *** *** *** *** *** ***	, ; - = - · ·	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



Mallard Cove Partners, LTD

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florinited liability limited partnership, whose certific April 17, 2018, assigned Floring	cate was filed vida document	with the Florida Department of State on number A23554
adopts the following certificate of amendment to i	ts certificate o	f limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li here:	mited partners	hip or limited liability limited partnership
New name must be distinguisha	able and contain a	in acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	oal office addr	ess, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registerew registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	Enter i	Florida street address
		, Florida
	City	Zip Code

New	Registered	Agent's	<u>Signature</u>	, if chang	ing Regi	istered A	gent:
			-				

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 37, 100 and 100 agree of all attention to the proper and complete parformance of my duties and 100 agree agent. comply with the provisions of all statutes relative to the proper and complete performance of my duties, and 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>Name</u>	Address	Type of Action
Randall A. Pitts	Jacksonville, FL 32233	Add Remove
		Add Remove
		Add Remove
		☐ Add☐ Remove
		Add Remove
***************************************		□ Add □ Remove
		Randall A. Pitts 1025 Assisi Lane

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnershi	p 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 info	rmation, enter o	nange(s) here: (Attach additional sheets	, if necessary)
			18 100
		<i>;</i>	JEON: 18
			Harris Or I
			<u> </u>
Effective date, if other than the date	te of filing: Apr	17. 2018	
(Effective date cannot be prior to nor mo. State.)	re than 90 days aj	er the date this document is filed by the Flor	ida Department of
Note: If the date inserted in this block do		licable statutory filing requirements, this da	te will not
be listed as the document's effective date	on the Departmen	of State's records.	
Signature(s) of a general partner	r or all genera	nartners*•	
Signature(s) of a general partite	i or an genera	partners .	
		on this document unless the limited partners at the state of the state	
when adding or removing a "limited liabi			erai partners to sign
Randall A. Pitts			
			•
Signatura(s) of all many on discosi	iatina aanawal	continued (a) if a new	
Signature(s) of all new or dissoci	iating general	arther(s), if any.	
Randall A. Pitts			
Kandan A. Fits			
			
		 	· · · · · · · · · · · · · · · · · · ·
Filing Fee:	\$52.50 \$53.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		