

Division of Corporations

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A24330

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000122374 3)))



H140001223743BCY

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1529

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION HILLIARD BROTHERS OF FLORIDA, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

14 MAY 23 PM 12:43

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Electronic Filing Menu

Corporate Filing Menu

MAY 27 2014
J. HARRIS
Help

Fax Audit No.: H14000122374 3

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

HILLIARD BROTHERS OF FLORIDA, LLLP

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 04/01/1987, assigned Florida document number A24330 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:

(Must be STREET address)

New Mailing Address:

(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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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Fax Audit No.: H14000122374 3

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	JOE MARLIN HILLIARD	5500 FLAGHOLE ROAD CLEWISTON, FL 33440	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	HILLIARD GP, LLC L08600082484	5500 FLAGHOLE ROAD CLEWISTON, FL 33440	<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

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14 MAY 23 PM 12:43

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.)

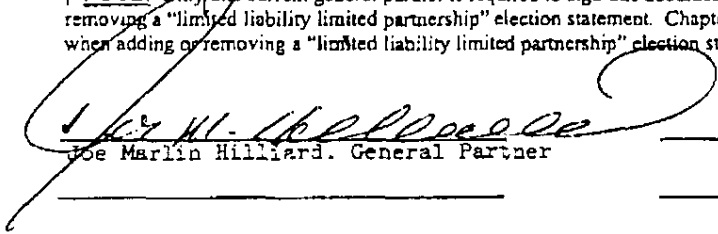
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F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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

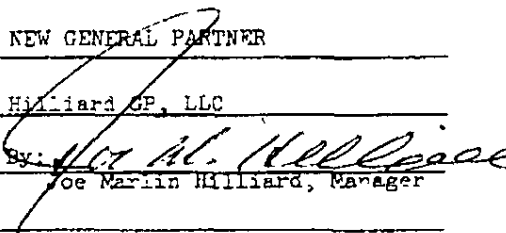
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)***Signature(s) of a general partner or all general partners*:**

(*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.)


Joe Marlin Hilliard, General Partner**Signature(s) of all new or dissociating general partner(s), if any:**

NEW GENERAL PARTNER

Hilliard GP, LLC

By: 
Joe Marlin Hilliard, Manager

DISSOCIATING GENERAL PARTNER


Joe Marlin Hilliard

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

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