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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer.	
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Office Use Only

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COVER LETTER

TO: Registratio	ri Section Corporations			
	•			
SUBJECT: Otter F	Name of Florida Limited Par	tnership or Limited Liphilit	y Limited Partnership	_
•	Name of Fronds Emitted Fai	mership or Littined Liaouit	y Limited Partitership	
The enclosed Certification	ficate of Amendment a	nd fee(s) are submitted	for filing.	
Please return all co	orrespondence concerni	ng this matter to:		
Randall A. Pitts				
	Contact Person			
Randcor Inc.				
	Firm/Company			
1025 Assisi Lanc				
	Address	_		
Jacksonville, FL 322	33		2918	
	City, State and Zip Code	 · · · ·	5	77
otterrun.randcor@co	meast.net		APR .	
E-mail address:	to be used for future annual	report notification)	25.7	77
For further inform	ation concerning this m	atter, please call:	(S) 4	
Randall A. Pitts		at (904) 249-	·6447	
Name of Cor	ntact Person		time Telephone Number	_
Enclosed is a chec	k for the following amo	ount:		
\$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 ADDRI	ESS:	MAILING	ADDRESS:	•
Registration Section		Registration		
Division of Corpo	rations		Corporations	
Clifton Building 2661 Executive Co	entor Cirola	P. O. Box 63 Tallahassee,		
Tallahassee, FL 3		rananassee,	1°L 34314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Otter Run Associates, LLLP			
Insert name currently on	file with Florida Depart	ment of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi April 17, 2018 , assigned F adopts the following certificate of amendment to	ficate was filed with lorida document nur	the Florida Department of Stat nber A26578	e on
This amendment is submitted to amend the following		•	
A. If amending name, enter the new name of the here:	limited partnership	or limited liability limited partn	ership
New name must be distingui	shable and contain an ac	ceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partner			
Acceptable Limited Liability Limited Partnership suffixes	•	·	nd/or
B. If amending mailing address and/or principal office address here:	cipai ornee aduress	, enter new maning address at	<u>tu/or</u>
New Principal Office Address:			
(Must be STREET address)		<u> </u>	
New Mailing Address:			<u> </u>
(May be post office hox)	***************************************	Transfer of the second	1
			7
C. If amending the registered agent and/or registered agent and/or the new registered of		on our records; enter the name	ot the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida 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>	Address	Type of Action
GP	Randall A. Pitts	1025 Assisi Lanc Jacksonville, FL 32233	Add Remove
			_
			_
			Add TO Add
<u></u>			Add D
			Add ☐ 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.)

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				<u> </u>
				
900 al dan 10 al al al al	La. C.C.1: April 17	2010		
Effective date, if other than the d Effective date cannot be prior to nor n	iate of filling: <u>April 17.</u> nore than 90 days after th	e date this document is f	iled by the Florida Dep	arimeni
tate.) lote: If the date inserted in this block of			rements, this date will n	ot
e listed as the document's effective da	te on the Department of S	State's records.		
ignature(s) of a general partn	er or all general par	tners*;		
*NOTE: Only one current general pa				
emoving a "limited liability limited pa then adding or removing a "limited lia			requires all general part	ners to si
Randall A. Pitts				-
···				
			28	
	···		APR ∧PR	77
			<u>်း အ</u> မြောင်း (၁) (၁) (၁)	
Signature(s) of all new or disso	ciating general part	ner(s), if any:	m. D	m
Randall A. Pitts			Ģ., 🚓	0
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Filing Foot	\$ 57 5 0			
Filing Fee:	\$52,50			
Certified Copy (optional): Certificate of Status (optional)	\$52.50 : \$8.75			