

07/22/2021 15:10 Blacklock Walters
7/22/2021

Division of Corporations

(FAX) 941 745 2093

P.001/006

A27933

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210002807483ABC%

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To:

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

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

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DIVISION OF CORPORATIONS
21 JUL 22 AM 11:41

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

Email Address: epennington@blalockwalters.com

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
SPRV LIMITED**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

JUL 23 2021

A. LUNT

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2021 JUL 22 PM 3:42
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help



May 5, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SPRV LIMITED
1622 HWY 630 WEST
FROSTPROOF, FL 33843

SUBJECT: SPRV LIMITED
REF: A27933

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The LLLP box was checked on the amendment, however line A did not mention the name with the new suffix.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

FAX Aud. #: H21000158251
Letter Number: 221A00009367



April 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SPRV LIMITED
1622 HWY 630 WEST
FROSTPROOF, FL 33843

SUBJECT: SPRV LIMITED
REF: A27933

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the addresses for Jeffrey S. Thompson, Wm. Wade Thompson and Andrew Thompson.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

FAX Aud. #: H21000158251
Letter Number: 821A00008200

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DIVISION OF CORPORATIONS
21 JUL 22 AM 11:41

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

SPRV Limited

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 02/17/1989, assigned Florida document number A27933, 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:

SPRV LLLP

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

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	William Thompson	6610 Riverview Blvd W. Bradenton, FL 34209	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Jeffrey S. Thompson	4114 Riverview Blvd W Bradenton, FL 34209	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Wm. Wade Thompson	1720 Manatee Ave W Bradenton, FL 34205	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Andrew Thompson	2906 126th Terrace East Parrish, FL 34219	<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

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21 JUL 22 AM 11:41

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.)

DocuSign Envelope ID: E43E4881-A9D0-4773-97F3-94FD7069725F

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.)

Judy M Lee
THE JUDY M. LEE DECLARATION OF TRUST
DATED JULY 15, 1996. Judy Lee as Trustee

Jeffrey S. Thompson
JEFFREY S. THOMPSON
Andrew J. Thompson
ANDREW J. THOMPSON

Melvin S. Lee
THE MELVIN S. LEE REVOCABLE LIVING TRUST
DATED JULY 15, 1996, Melvin Lee as Trustee

Wm. Wade Thompson
WM. WADE THOMPSON

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

Jeffrey S. Thompson
JEFFREY S. THOMPSON

Andrew J. Thompson
ANDREW J. THOMPSON

Wm. Wade Thompson
WM. WADE THOMPSON

Wm. Wade Thompson
W.W. WADE THOMPSON AS PERSONAL
REPRESENTATIVE OF WILLIAM THOMPSON

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