A29445

# 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.

(((H10000160542 3)))

H100001605423ABCT

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : IVAN,COLE,BONNETTE & KANE,P.A.
Account Number : I20050000014
Phone : (904)358-3006
Fax Number : (904)358-3066

2010 JUL 13 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

RECEIVED
10 JUL 13 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION**
**THE HART FAMILY LIMITED PARTNERSHIP**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | $61.25 |

T. CLINE
JUL 14 2010
EXAMINER

A29445

Electronic Filing Menu Corporate Filing Menu Help

(((H10000160542 3)))

## COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** The Hart Family 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:

Kevin A. Kane
(Contact Person)
Ivan, Cole & Bonnette
(Firm/Company)
One Independent Dr., Suite 3131
(Address)
Jacksonville, FL 32202
(City, State and Zip Code)

FILED
2010 JUL 13 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kevin A. Kane at ( 904 ) 358-3006
(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

**STREET ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**(((H10000160542 3)))**

**CERTIFICATE OF AMENDMENT**
**TO**
**CERTIFICATE OF LIMITED PARTNERSHIP**
**OF**

The Hart Family 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 12/28/1989, assigned Florida document number A29945, 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:**

The Hart Family Limited Liability Limited Partnership
(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)*

FILED
2010 JUL 13 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

FILED
2010 JUL 13 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)*

(((H10000160542 3)))

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.)

John B. Hart, Individually

John B. Hart, as President of U.Con II, Inc.

2010 JUL 13 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

| | |
|---|---|
| **Filing Fee:** | **$52.50** |
| **Certified Copy (optional):** | **$52.50** |
| **Certificate of Status (optional):** | **$8.75** |



(((H10000160542 3)))