# A 29474

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



200241901572

12/17/12--01001--004 \*\*105.00

12 DEC IL PH 2: 23

SECRETARY OF SHATE THE SHOP OF CORPORATIONS

C. LEWIS
DEC 1 7 2012
EXAMINER

### CORPORATE ACCESS, INC.

"When you need ACCESS to the world"

· · · 236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) .. ~ (850), 222-2666 or (800) 969-1666 . Fax (850) 222-1666

| WALKIN     |   |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|
|            | PICK UP: 12-14-12                                   |  |  |  |  |  |  |  |
| ×          | CERTIFIED COPY                                      |  |  |  |  |  |  |  |
|            | РНОТОСОРУ   |  |  |  |  |  |  |  |
|            | CUS   |  |  |  |  |  |  |  |
| ×          | FILING Ltd Amendment                                |  |  |  |  |  |  |  |
| 1.         | Scott Family Ltd<br>(CORPORATE NAME AND DOCUMENT #) |  |  |  |  |  |  |  |
| 2.         | (CORPORATE NAME AND DOCUMENT #)                     |  |  |  |  |  |  |  |
| 3.         | (CORPORATE NAME AND DOCUMENT #)                     |  |  |  |  |  |  |  |
| 4.         | (CORPORATE NAME AND DOCUMENT #)                     |  |  |  |  |  |  |  |
| <i>5</i> . | (CORPORATE NAME AND DOCUMENT #)                     |  |  |  |  |  |  |  |
| 6.         | (CORPORATE NAME AND DOCUMENT #)                     |  |  |  |  |  |  |  |
| SPECIAL    | L INSTRUCTIONS:                                     |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## CERTIFICATE OF AMENDMENT 2012 DEC 14 AM 10: 22 TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| Scott F  | amily, Ltd.        |  |
|--|--------------------|--|
| Insert name currently on file  | e with Florida De  | partment of State                                |
| Pursuant to the provisions of section 620.1202, Fluimited liability limited partnership, whose certific December 20, 1989, assigned Flor | ate was filed      | with the Florida Department of State on          |
| adopts the following certificate of amendment to i   |                    |  |
| This amendment is submitted to amend the following:  |                    |  |
| A. If amending name, enter the new name of the linere:   | mited partners     | hip or limited liability limited partnership     |
| New name must be distinguished   | able and contain a | an acceptable suffix.                            |
| Acceptable Limited Partnership suffixes: Limited Partnersh<br>Acceptable Limited Liability Limited Partnership suffixes: L               |                    |  |
| B. If amending mailing address and/or princip principal office address here:   | al 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 registenew registered agent and/or the new registered office                                  |                    | ess on our records, <u>enter the name of the</u> |
| Name of New Registered Agent:  |                    |  |
| New Registered Office Address:   | Enter I            | Florida street address                           |
|  | 20,7701 1          |  |
| <del></del>  | City               | , Florida<br>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.

| 1CCki       | D:         | A     | 0:        | - C > 1 | Registered Agent |
|-------------|------------|-------|-----------|---------|------------------|
| II Changing | Keristered | Azenu | Signature | DI NEW  | Registered Agent |

| D. | If amending the genera         | l partner(s), | enter the | name | and | business | address | of each | general | partner | being |
|----|--------------------------------|---------------|-----------|------|-----|----------|---------|---------|---------|---------|-------|
|    | <u>ded or removed from our</u> |               |           |      |     |          |         |         |         |         |       |

| Title       | Name  | <u>Address</u>              | Type of Action                 |
|-------------|---|-----------------------------|--------------------------------|
|             | ***************************************                             | 7437                        | Add Remove                     |
|             | -   |                             | Add Remove                     |
|             |   |                             | Add Remove                     |
|             |   |                             | Add Remove                     |
|             |   |                             |                                |
| <del></del> |   |                             | Add<br>Remove                  |
|             | partnership or limited liability<br>nip" status, enter change here: | limited partnership is a    | mending its "limited liability |
| This Limite | ed Partnership hereby elects to be                                  | a "Limited Liability Limite | ed Partnership."               |
| This Limite | ed Partnership hereby removes its                                   | "Limited Liability Limited  | l 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 change(s           | ) here: (Attach   | additional sheets    | , if necessary.)                          |        |
|---|----------------------------|--------------------------|-------------------|----------------------|---|--------|
| Pursuant to 620.1104, Florida   | Statutes                   | s, this partner          | ship hereby e     | elects to amen       | d its                                     |        |
| Certificate of Limited Partnersh  | nip to cha                 | ange the dur             | ation of the lir  | nited partners       | hip from                                  |        |
| a termination date of January 1   | I, 2015 t                  | to a perpetua            | duration.         |                      |   |        |
|   |                            |                          |                   | <u> </u>             |   |        |
| Effective date, if other than the da (Effective date cannot be prior to nor mo State.)  | te of filir<br>ore than 90 | ng:<br>days after the da | nte this document | is filed by the Flor | ida Department of                         |        |
| Signature(s) of a general partne  | r or all g                 | eneral partne            | ers*:             |                      |   |        |
| (*NOTE: Only one current general part<br>removing a "limited liability limited part<br>when adding or removing a "limited liabi | nership" el                | lection statement.       | Chapter 620, F.S  | S., requires all gen | hip is adding or<br>eral partners to sign |        |
| Barbon I Sof  |                            |                          |                   |                      |   |        |
| BARBARA F. XOTT, GENERA   | AL PAR                     | CIMER                    | *****             |                      |   |        |
|   | <u></u>                    | -                        |                   |                      |   |        |
|   | <del> </del>               | -                        |                   |                      | <del></del>                               |        |
|   |                            |                          |                   |                      |   |        |
| Signature(s) of all new or dissoci  | iating ge                  | neral partner            | (s), if any:      |                      |   |        |
|   |                            |                          |                   |                      |   |        |
|   |                            |                          |                   |                      | · · · · · · · · · · · · · · · · · · ·     |        |
| <u> </u>  |                            |                          |                   |                      |   |        |
|   | <del></del>                |                          |                   |                      | SE 2017 IS                                | i      |
|   |                            |                          |                   |                      | DEC.                                      | 1      |
|   |                            |                          |                   |                      | DF: CI                                    | $\geq$ |
| Filing Fee:   | \$52.50                    |                          |                   |                      | <b>9.</b> _                               | 36     |
| Certified Copy (optional):<br>Certificate of Status (optional):   | \$52.50<br>\$8.75          |                          |                   |                      | AM 10: 22                                 | . 1611 |