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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: Goolsby	y Limited Partnership			
N N	ame of Florida Limited Pa	rtnership or Limited Liability Limited Partnership		
The enclosed Certif	icate of Amendment a	and fee(s) are submitted for filing.		
Please return all co	respondence concerni	ng this matter to:		
Walter O. Hobbs, Esq.				
	Contact Person			
Hobbs and Hobbs, P.L.				
	Firm/Company			
3818 W. Azeele Street		• ,		
	Address			
Tampa, FL 33609		;		
	City. State and Zip Code	1		
whobbs@hobbsandho	bs.com	· J		
E-mail address: (t	o be used for future annual	report notification)		
For further informa	tion concerning this m			
Walter O. Hobbs, Esq.		at ()879-8333		
Name of Cont	act Person	Area Code and Daytime Telephone Number		
Enclosed is a check	for the following amo	ount:		
\$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status		
STREET ADDRESS:		MAILING ADDRESS: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Goolsby Limited Partnership				
Insert name cu	rrently on fi	le with Florida Dep	partment of State	
Pursuant to the provisions of section 62 limited liability limited partnership, who 01/11/1990 as a adopts the following certificate of amerons.	ose certif signed Flo	icate was filed v orida document i	vith the Florida Depart number <u>A29498</u>	
This amendment is submitted to amend the	following:			
A. If amending name, enter the new na	me of the	limited partners!	nip or limited liability l	imited partnership
n/a				
New name must b	e distinguis	hable and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh	iip suffixes:	Limited Liability L	imited Partnership, L.L.L.I	. ?
B. If amending mailing address and principal office address here:	or princi	pal office addr	ess, <u>enter new mailin</u>	z address and/or
New Principal Office Ad (Must be STREET address)	dress:	n/a		
New Mailing Address: (May be post office box)		n/a		
C. If amending the registered agent and new registered agent and/or the new regi			ess on our records, <u>ent</u>	er the name of the
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a	Enter F	lorida street address	
			. Florida	
		City	Florida Zip C	

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
General	Mildred Alva Goolsby-deceased	811709 BOYETTE RD. Riverview	Z ☐ Add ☐ Remove
			Add Remove
			Add Remove
			_ □ Add □ Remove
			☐ 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 Partne	rship."
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☐ 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.)