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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140000731313)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AKERMAN LLP - ORLANDO

Phone

Account Number : 076656002425 : (407)423-4000

Fax Number

: (407)843-6610

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

Email Address: Dronda, Knott @ akerman, com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION WETHERBEE ACRES, LTD.

> Certificate of Status Certified Copy 03 Page Count Estimated Charge \$105.00

C. LEWIS

MAR 27 2014

EXAMINER

Electronic Filing Menu Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Help

3/26/2014

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14 MAR 26 AM 10: 15

SECRETARY OF STATE TALL SHASSET, PLORIDA

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		OF		
Wetherbee Acres, t	_td,			
Insert name curren	tly on file	with Florida Departn	nent of State	
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose June 27, 1990 , assign	certific	ate was filed with	the Florida I	
adopts the following certificate of amenda	nent to i	ts certificate of lim	ited partners	ship,
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name here:	of the lin	nited partnership o	or limited lial	pility limited partnership
Wetherbee Acres, LLLP				
New name must be dis	stinguisha	ble and contain an acc	eptable suffix.	
Acceptable Limited Partnership suffixes; Limited F Acceptable Limited Liability Limited Partnership s				L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	princip	al office address,	enter new n	nailing address and/or
New Principal Office Address: (Must be STREET address)		1513 Indian Da	nce Ct.	
		Maitland, FL. 3	2751	
New Mailing Address; (May be post office box)		1513 Indian D		
		Mailland, FL . 32751		
C. If amending the registered agent and/or new registered agent and/or the new register			n our record	s, enter the name of the
Name of New Registered Agent:	J. The	omas Cardwell		
New Registered Office Address:	1518	West Ivanhoe Blvd.		
	Enter Florida street address			255
		Orlando	, Florida	32804
		City		Zip Code

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SECKLIARY OF STATE TALL AHASSEF, FLORIO,

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.

J. 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	
GP	J. Thomas Cardwell	1516 West Ivanhoe Blvd. Orlando, FL 32804	X Add Remove	
GP George T. Eldson, Jr.	George T. Eldson, Jr.	420 S. Orange Avenue, 12th Fic Orlando, FL 32801	Add Remove	
			Add Remove	
			Add Remove	
		Add Remove		
			Add Remove	
iited partners	hip" status, enter change here.	ity limited partnership is amend : ne a "Limited Liability Limited Pan		
_		its "Limited Liability Limited Part		

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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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			SECNETARY OF STATE TALLAHASSEF, FLORE
F. If amending any other info	rmation, enter cha	nge(s) here: (Attach additio	onal sheets, if necessary.)
N/A			
	_ ,		
Effective date, if other than the dat	e of filing: Effe	clive as of the date of filing	
Effective date cannot be prior to nor mod late.)	re than 90 days after	the date this document is filed	by the Florida Department of
uuv.j			
lignature(s) of a general partner	or all general pa	artners*:	
*NOTE: Only one current general partnersoring a "limited flability limited partnersoring a "limited flability limited partnersoring as "limited as "limited as "limited as "li	er is required to sign	this document unless the limit	ed partnership is adding or
then adding or removing a "limited liabil	lity limited partnershi	ip" election statement.)	ires an general parmers to sign
	4.4		
D. Thomas Cardwell, sole General Partne	<u>ll</u>		
o. Thomas Carowell, sole General Panni	3 Γ		
ignature(s) of all new or dissoci	ating general pai	riner(s), if any:	
	<u> </u>		
		 -	
iling Fee:	\$52,50		
Certified Copy (optional):	\$52.50		
ertificate of Status (optional):	\$8.75		