A30328

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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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K. SALY EXAMINER IUL 29



July 14, 2016

THE FLY HIGH FAMILY LIMITED PARTNERSHIP ROBIN LLOYD 2456 E OSBORNE RD. NE ATLANTA, GA 30319

SUBJECT: THE FLY HIGH FAMILY LIMITED PARTNERSHIP

Ref. Number: A30328

We have received your document for THE FLY HIGH FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Specialist II

Letter Number: 416A00014759

COVER LETTER

Registration Section
Division of Corporations

TO:

•	
SUBJECT: The Fly High !	Family Limited Partnership ership 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:
Robin Lloyd Contact Person	
Fly High Faxily Limited Pa	irthership
2456 E. Osborne Rd Address	NE
Atlanta GA 303 City, State and Zip Code	19
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	rer, please call:
Robin Lloyd Name of Contact Person	at (56) H45-1840 Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy 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

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



The Fly High F	on file with Florid	inited Partnership a Department of State
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of section 620.12 limited partnership, whose of the provisions of the provi	ertificate was fi d Florida docum	led with the Florida Department of State on ment number A 30328
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of</u> <u>here</u> :	the limited part	nership or limited liability limited partnership
New name must be disti	nguishable and con	tain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Pa Acceptable Limited Liability Limited Partnership suf		
B. If amending mailing address and/or p principal office address here:	rincipal office a	ddress, 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 new registered agent and/or the new registered	egistered office a l office address h	address on our records, <u>enter the name of the</u> ere:
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter Florida street address
_		, Florida
	City	Zip Code

FILED
1018 JUL 20
TALLAHASSEE, FLORIE
MASSEE, FLORIE

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
	led or removed from our								•	_

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
GP	John Hoyd	2450 E. Osborne Rd Allama, 6A 3034	Add X Remove
6-9	Donald Lloyd	2456 E. Osborne Rd NE Atlanta GA 30319	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
E. If the limited limited partners	d partnership or limited liabilit ship" status, enter change here:	y limited partnership is amen	_ ding its "limited liability
This Limit	ted Partnership hereby elects to be	a "Limited Liability Limited Pa	artnership."
☐ This Limit	ted Partnership hereby removes its	"Limited Liability Limited Par	tnership" status.
(NOTE: If adding	or removing" limited liability limited po	artnership" status, all general partn	ers must sign this amendment.)

	nange(s) here: (Attach additional sheets, if necessary.)
	2016 JUL 26
	2016 1/11
	26
	TALLAHAMYO
	TALLAHASSEE. F
ffective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days afte	er the date this document is filed by the Florida Department of
tate.)	
ignature(s) of a general partner or all general	partners*:
*NOTE: Only one current general partner is required to sig	gn this document unless the limited partnership is adding or
moving a "limited liability limited partnership" election started partnership and indicated partners and its limited partnership artnership art	atement. Chapter 620, F.S., requires all general partners to sign
	sup ototion suicinone.)
Malon A / out	
ignature(s) of all new or dissociating general p	artner(s), if any:
John Hogh	
iling Fee: \$52.50	
Certified Copy (optional): \$52.50	
ertificate of Status (optional): \$8.75	