

A 30974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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05/26/20--01017--011 **52.50

JUN 12 2020
S. YOUNG

2020 MAY 26 AM 7:07

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Lagniappe Group, Limited**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Elizabeth C. Lewis

Contact Person

Firm/Company

3750 Bobbin Brook Court, Court

Address

Tallahassee, Florida 32312-1200

City, State and Zip Code

elizabeth.lewis@famu.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Lewis

at (**850**)

320-4332

Name of Contact Person

Area Code

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

*THIS IS TO CHANGE
THE GENERAL
PARTNER UPON
THE DEATH OF G.P.
(DEATH CERTIC.
ENCLOSED)
AS WELL AS POWER OF
ATTORNEY
- LIMITED PARTNERS
STAY THE SAME*

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

2020 MAY 26 AM 7:07

FILED

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Lagniappe Group, Limited

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: A30974

3. The jurisdiction of its formation is: Leon County, Florida

3. The date the entity was authorized to transact business in Florida is: December 21, 1990

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Carol G. Lewis (D.C. enclosed)

1441 Vieux Carre Drive

☐ Add

☒ Remove

☐ Change

Tallahassee, FL 32308

Elizabeth C. Lewis

3750 Bobbin Brook Court

☒ Add

☐ Remove

☐ Change

Tallahassee, FL 32312-1200

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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☐ Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: February 1, 2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Elizabeth C. Lewis, General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020010288

DATE ISSUED: JANUARY 23, 2020

DECEDENT INFORMATION

DATE FILED: JANUARY 23, 2020

NAME: CAROL GATES LEWIS

AKA: ROWENA CAROL GATES LEWIS

DATE OF DEATH: JANUARY 20, 2020

SEX: FEMALE

AGE: 092 YEARS

DATE OF BIRTH: MAY 19, 1927

SSN: ***-**-7733

BIRTHPLACE: FRANKLIN, LOUISIANA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 1441 VIEUX CARRE DRIVE

LOCATION OF DEATH: TALLAHASSEE, LEON COUNTY, 32308

RESIDENCE: 1441 VIEUX CARRE DRIVE, TALLAHASSEE, FLORIDA 32308, UNITED STATES

COUNTY: LEON

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: HOMER HORATIO GATES

MOTHER'S/PARENT'S NAME: ROWENA DELHOMMER

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: ELIZABETH C LEWIS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 3750 BOBBIN BROOK COURT, TALLAHASSEE, FLORIDA 32312, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: BREANNA M. GREEN, F234500

FUNERAL FACILITY: BEVIS COLONIAL FUNERAL HOME INC F041282

200 JOHN KNOX ROAD, TALLAHASSEE, FLORIDA 32303

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTH FLORIDA CREMATORY
QUINCY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1631

DATE CERTIFIED: JANUARY 22, 2020

CERTIFIER'S NAME: FREDRICK BROWN LUTZ III

CERTIFIER'S LICENSE NUMBER: ME58245

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2021238569

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

Beth

STATE OF FLORIDA
COUNTY OF LEON

DURABLE POWER OF ATTORNEY

I, Rowena Carol G. Lewis, do hereby constitute and appoint as my true and lawful attorney-in-fact, Elizabeth Carol Lewis, to manage and conduct all of my affairs, and for that purpose in my name and on my behalf to do and execute all and any of the following:

1. To demand, sue for, recover and receive anything of whatsoever nature or description which now is or hereafter shall be or become due, owing, or payable to, or belonging to, me, and upon receipt thereof or of any part thereof to sign and deliver such receipts, releases or other discharges as my attorney-in-fact shall deem appropriate.

2. To settle, or compromise any account, debt or demand wherein I now am or at any time hereafter shall be in any way interested, and to pay or receive the balance thereof, to give releases or other discharges for the whole or any portion thereof as the case may require and to execute a release or other discharge of any mortgage, deed of trust or other security instrument.

3. To commence, prosecute, discontinue or defend all actions or other legal proceedings on my behalf.

4. To take possession of my real estate, and to manage, and improve the same or any part thereof, and to repair or alter, and to insure any buildings thereon.

5. To lease for such periods, at such rents and on such terms and conditions as my attorney-in-fact shall deem appropriate, all or any of my real estate, to receive from all tenants and occupants thereof all rents, arrears of rent and sums of money which now are or shall hereafter become due and payable, and on default in any such lease to take all necessary or proper means and proceedings for terminating the tenancy or occupation of such tenants or occupants, and for ejecting the tenants or occupants and recovering the possession thereof.

6. To sell, either at public or private sale, or exchange any part or parts of my real or personal property for such consideration and upon such terms as my attorney-in-fact shall deem appropriate, and to execute and deliver deeds or other instruments for the conveyance or transfer of the same, with such covenants of warranty or otherwise as my attorney-in-fact shall deem appropriate, and to give receipts for all or part of the purchase price or other consideration.

7. To deposit any money which may come into my attorney-in-fact's possession with any depository, to make withdrawals from any such account as my attorney-in-fact shall deem appropriate for my use and benefit; to purchase or invest in my name any stocks, shares, bonds, securities or other property, real or personal, as my attorney-in-fact may deem appropriate, to receive

TIMOTHY J. WARFEL
ATTORNEY AT LAW
Tallahassee, Florida

and give receipts for any income or dividend arising from such investments, and to vary or dispose of all and any such investments or other investments for cash or upon such other terms as my attorney-in-fact may deem appropriate, all for my use and benefit.

8. To borrow (for investments, purchases or otherwise) any sum or sums of money on such terms and with such security, as my attorney-in-fact may deem appropriate, including to purchase real or personal property, and for that purpose to execute promissory notes, endorsements, guarantees, bonds, mortgages and other accommodations.

9. To create, make deposits to, or withdrawals from, any retirement plan or account thereof, including an individual retirement account, and to make, exercise, waive or consent to any and all elections or options that I may have regarding the contributions to, investments in, administration of, distributions or form of benefits under, any such plan or account, to designate and change the beneficiaries under any such plan or account; provided, however, that my attorney-in-fact shall have no power to designate my attorney-in-fact directly or indirectly as a beneficiary or contingent beneficiary to receive a greater share or proportion of any such benefits than my attorney-in-fact would have received unless such change is consented to by all other beneficiaries who would have received the benefits but for the proposed change.

10. To exercise as absolute owner all the rights, benefits, options, and elections with respect to any life insurance policy, including, without limitation, the right to elect methods of settlement and to exercise any conversion privileges; to assign any and all rights under such policies including pledging any such policy for a loan, and to borrow upon any such policy, to cancel any certificate issued in connection with any such insurance policy and any interest in any such policy and to surrender the converted policy, to enter into split dollar arrangements with others for the purchase of life insurance and assign dividends or policy proceeds for the purposes of such split dollar arrangements.

11. To enter a safe deposit box or vault and add to or withdraw the contents.

12. To engage, employ and dismiss on my behalf any agents or other persons and to pay reasonable compensation for their services.

13. To vote at the meetings of stockholders or other meetings of any corporation or company, or otherwise act as my attorney-in-fact or proxy in respect to any stocks, shares or other instruments now or hereafter held by me therein, and for that purpose to execute any proxies or other instruments.

14. To exercise any powers and any duties vested in me, whether solely or jointly with any other or others as executor, administrator or trustee, or in any other fiduciary capacity, so far as such power or duty is capable of being validly delegated.

15. For all or any of the purposes expressed herein to enter into and sign, seal, execute, acknowledge and deliver any contracts, options, deeds or other instruments whatsoever, and to draw,

accept, make, endorse, discount, or otherwise deal with any bills of exchange, checks, promissory notes, stock powers, or other commercial or mercantile instruments.

16. To prepare, execute and file federal, state, county and municipal income, gift, property and other tax returns for me; to have full power to perform any and all acts that I could perform pertaining to tax matters, including but not limited to the power to receive and endorse checks in payment of any refund of taxes, penalties or interest, to execute waivers of restrictions on assessment or collection of taxes, to execute a closing agreement (under section 7121 of the Internal Revenue Code) in respect to a tax liability or a specific matter, to execute a protest to a determination of taxes; and to delegate authority or to substitute any attorney-in-fact or agent.

17. To waive the attorney-client privilege and obtain all information from any lawyer representing me or who has represented me. Any such lawyer is authorized to furnish all information requested by my attorney-in-fact concerning any legal representation as fully as if I had requested such information myself.

18. To transfer property of any kind and description to any trust of which I am the Grantor.

19. In general to do all other acts, deeds, matters and things whatsoever in or about my property and affairs, or to concur with persons jointly interested with myself therein, as fully and effectually to all intents and purposes as I could do in my own proper person if personally present.

20. My said attorney-in-fact shall not incur any liability for any action or omission taken in good faith pursuant to this power of attorney.

21. This power of attorney shall be effective from and after the date of its execution until expressly revoked by written instrument executed by the undersigned with the same formality as this durable power of attorney; and this power of attorney shall not be affected by disability of the principal except as provided by statute.

22. To the same effect as if it were the original, anyone may rely upon a photostatic copy or a copy certified by a notary public to be a counterpart of this instrument.

23. I request that no guardianship proceeding for my property be instituted in the event of my disability. It is my intention that this durable power of attorney shall permit my attorney-in-fact to act on my behalf in such an event. If a guardian for my property is appointed, I direct that my attorney-in-fact named herein shall serve as such guardian. This paragraph is intended to serve as a declaration that names a preneed guardian as permitted by Florida law.

24. If for any reason Elizabeth Carol Lewis is unable or unwilling to serve as attorney-in-fact, I appoint Steven Gates Lewis as my attorney-in-fact.

25. This document is intended to give my attorney-in-fact access to all medical information, including information relating to reimbursement or payment for medical services.

notwithstanding the prohibition of any law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

26. In addition to the powers described in paragraphs 1 - 25 above, my attorney in fact may exercise the authorities below as indicated by my initials:

Yes RCGX No Create an inter vivos trust;

Yes RCGX No Amend, modify, revoke or terminate a trust created by or for me, but only if the instrument provides for such action by the grantor's attorney in fact;

Yes RCGX No Make gifts to members of my family, including to my attorney-in-fact, provided that my attorney-in-fact may not make any gift to himself such that the total of all gifts to himself from me in a calendar year would exceed the annual exclusion as determined under section 2503(b) of the Internal Revenue Code for that year. My attorney-in-fact is authorized to create 529 plans for members of my family or add to existing plans using the authority granted in this paragraph. My attorney-in-fact may, from time to time, make expenditures for members of my family described in section 2503(e) of the Internal Revenue Code;

Yes RCGX No Create or change rights of survivorship, provided, however, that my attorney-in-fact shall have no power to designate my attorney-in-fact directly or indirectly as a co-owner with right of survivorship in such a manner that my attorney-in-fact would receive a greater share than my attorney-in-fact would have received without such right of survivorship unless such designation is consented to by all other parties whose share is diminished by such designation;

Yes RCGX No Create or change a beneficiary designation, provided, however, that my attorney-in-fact shall have no power to designate my attorney-in-fact directly or indirectly as a beneficiary or contingent beneficiary to receive a greater share or proportion of any such benefits than my attorney-in-fact would have received unless such change is consented to by all other beneficiaries who would have received the benefits but for the proposed change;

Yes No RCGX Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan; or

Yes RCGX No Disclaim property and powers of appointment.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 13th day of March, 2012.

Rowena Carol G. Lewis
ROWENA CAROL G. LEWIS

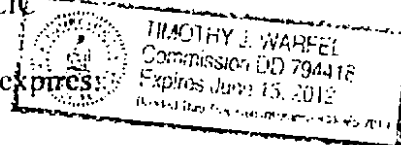
Signed, sealed and delivered
in the presence of:

Kim S. Clayton
Witness

Kou K. Sumner
Witness

The foregoing instrument was acknowledged before me this 13th day of March, 2012, by Rowena Carol G. Lewis, who has produced a Florida Driver's License as identification or ✓ who is known to me, and who did not take an oath.

Timothy J. Warfel
NOTARY PUBLIC
Printed Name:
My commission expires:



D:\Acme CLIENT K-COLEWIS\Carol2012\Pos dr1 sign.wpd