A32546

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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	E.C. 1 :	phries Family Partnership.			
	Nan	ie of Florida Limited Partr	ership or Limited	Liability	Limited Partnership
The en	iclosed Certific	ate of Amendment and	fee(s) are subr	nitted fo	or filing.
Please	return all corre	spondence concerning	g this matter to:		
Bruce F	R Abernethy, Jr.			_	
		Contact Person		_	
Bruce F	R Abernethy Jr PA			_	
•		Firm/Company			
130 S I	ndian River Dr. #2	201			
		Address		-	
Fort Pic	erce, FL 34950				
	Ci	ty, State and Zip Code		_	
babern	ethy@bruccapa.co	om			
E-	-mail address: (to b	be used for future annual re	eport notification)		
For fu	rther informatio	on concerning this mat	ter, please call:		
Bruce I	R Abernethy Jr		at (772	489-49	901
	Name of Contac	t Person	_ \	nd Daytii	me Telephone Number
Enclos	sed is a check fo	or the following amou	nt:		
S \$52.	50 Filing Fee	S61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Co	_	☐S113.75 Filing Fee, Certified Copy, and Certificate of Status
Regist Division P.O. B	ng Address: ration Section on of Corporati Sox 6327 assee, FL 3231		Regist Division The Co 2415 N	entre of N. Monr	_

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP ED OF 2001. 400

	Or	2024 APR 16	PH 3: 1:0
The Humphries Family Partnership, Ltd.		No. of the second	9 40

Insert name curr	ently on fil	e with Florida Dep	artment of State: " Planting
Pursuant to the provisions of section 620 limited liability limited partnership, who 2/3/1992, assi adopts the following certificate of amend	se certific gned Flor	cate was filed w rida document n	ith the Florida Department of State on umber A32546
This amendment is submitted to amend the fo			• •
A. If amending name, enter the new nam	_	mited partnersh	ip or limited liability limited partnership
New name must be	distinguish	able and contain ar	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership			
B. If amending mailing address and/o principal office address here:	or princip	oal office addre	ss, enter new mailing address and/or
New Principal Office Add	ress:	28 Broad St., #20	1
(Must be STREET address)		Marlborough, Ma	A 01752
New Mailing Address:		28 Broad St., #20	·I
(May be post office box)		Marlborough, Ma	A 01752
C. If amending the registered agent and/or registered agent and/or the new registered			on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Bruce I	R Abernethy, Jr.	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	130 S I	ndian River Dr., #2	
			lorida street address
	Fort Pic	erce City	, Florida <u>34950</u> <i>Zip Code</i>

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>	Name	Address	Type of Action	
GP	Joanne C. Humphries 7449 Ca Fort Pice		_ □ Add □ Remove	
<u>GP</u>	Humphries Management, LLC	28 Broad St., #201 Marlborough, MA 01752		
			□ 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 Partnership."
 - ☐ 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.,

		-·· - · · · · · · · - <u></u> -		
Effective date, if other than the date (Effective date cannot be prior to nor mo. State.)	te of filing: ere than 90 days afte	er the date this docu	nent is filed by the Florida Dep	partment
Note: If the date inserted in this block do be listed as the document's effective date			ng requirements, this date will r	iot
Signature(s) of a general partner	r or all general	partners*:		
(*NOTE: Only one current general partiremoving a "limited liability limited liability limited partiremoving a "limited liability limited liability limited liability limited liability limited partiremoving a "limited liability limited liability liability liability liability liability liability liability liabilit	ner is required to si nership" election st	gn this document un atement. Chapter 62	0, F.S., requires all general par	
when adding or removing a "limited liable Humphries Management, y: April H. Hell, GP — X	LUC, a Florid	lu limited liab	lify longery	
1: HACITE - NEILOI - X	The state of the s	Hut		
	<u> </u>			
Signature(s) of all navy or discoo	inting goneral t			
Signature(s) of all new or dissoc	iating general p	jarther(s), ii anv	·	
				
				
Filing Fee:	\$52.50			