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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GABRIEL FAMILY PARTNERS, LTD.

(Name of Florida Limited Partnership 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:

JOHNNA C. EADY, CPA

(Contact Person)

S.R. WRIGHT & CO., P.A.

(Firm/Company)

154 AVE. H, S.E., SUITE 1

(Address)

WINTER HAVEN, FL 33880

(City, State and Zip Code)

For further information concerning this matter, please call:

JOHNNA C. EADY

(Name of Contact Person)

at (863) 299-6815

(Area Code and 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

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**

GABRIEL FAMILY PARTNERS, LTD.

(Insert name currently on file with Florida Department of State)

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Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 7-21-93, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

(New name must be distinguishable and contain an acceptable suffix.)

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.

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, **Florida**
(City) (Zip Code)

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)

C. 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>	<u>Address</u>	<u>Type of Action</u>
GP	Sep. Tr. FBO Isbon J. Gabriel per Par. 7 of Art. IX of the Dorothy V. Gabriel Rev. Tr. dtd. 5/20/93, as AIR	Isbon J. Gabriel, Trustee 2113 Edgewater Circle Winter Haven, FL 33880	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Sep. Tr. FBO Dinah K. Slater per Par. 8 of Art. IX of the Dorothy V. Gabriel Rev. Tr. dtd. 5/20/93, as AIR	Dinah Kay Slater, Trustee P.O. Box 224 Alturas, FL 33820	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Sep. Tr. FBO Mary Nell Smith per Par. 11 of Art. IX of the Dorothy V. Gabriel Rev. Trust dtd. 5/20/93, as AIR	Mary Nell Smith, Trustee P.O. Box 206 Alturas, FL 33820	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Thomas A. Gabriel Irrevocable Trust A	Steven R. Wright, Trustee 154 Ave. H. SE Winter Haven, FL 33880	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Dorothy V. Gabriel Revocable Trust	Steven R. Wright, Trustee 154 Ave. H. SE Winter Haven, FL 33880	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. 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.)

E. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: •

12/14/08

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

✓ Dena K. Slater

Signature(s) of all new or dissociating general partner(s), if any:

✓ Debra J. Schiff Trustee

✓ Dena K. Slater, Trustee

✓ Mary Nell Smith, Trustee

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE FLORIDA