AHA	0001445
(Requestor's Name) (Address) (Address)	600299037096
(City/State/Zip/Phone #)	05/16/1701025008 **52.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	<b>SECRETARY OF STATE</b> TALLAHASSEE FLORIDA
Office Use Only	IN HARRIS

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### Merritt Family LP 2980 NE 18<sup>th</sup> Street Pompano Beach, FL 33062

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May 9, 2017

State of Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Re: Merritt Family Limited Partnership

Dear Sir/Madam:

Please find enclosed for filing an Original Certificate of Amendment to Certificate of Limited Partnership, for the above referenced entity.

Also enclosed is our check for \$52.50, made payable to the Florida Department of State, which represents the filing fee.

S Please return the completed paperwork to me utilizing the enclosed envelope.

Thank you for your prompt cooperation.

Sincerely.

Allen Merritt, General Partner

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2017

ALLEN MERRITT 2980 NE 18TH STREET POMPANO BEACH, FL 33062

SUBJECT: MERRITT FAMILY LIMITED PARTNERSHIP Ref. Number: A94000001445

We have received your document for MERRITT FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction (s):

Please indicate if you are adding or removing Allen Merritt.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously file a statement of Dissociation with the Florida Department of State.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00009934

Y 26 PH 12: 35

2017 MAY 26 AH 18: 42

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ALLAWSSEL IN MUDI

Adress charge only of general Portner

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

### MERRITT FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

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 OCTOBER 26, 1994, assigned Florida document number <u>A94000001445</u>, 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.I.P. or LLLP.

# B. If amending mailing address and/or principal office address, <u>enter new mailing address and/or principal office address here</u>:

New Principal Office Address: (Must be STREET address)

New Mailing Address: (May be post office box)

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

Name of New Registered Agent: New Registered Office Address:		JALLAH ALLAH	2017 MA	77
	Enter Florida street address		NY 26	
	City Z	ip Code FLORIDA	PH 12: 35	

Page 1 of 3

### New Registered Agent's Signature, if changing Registered Agent:

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. . . . . . .

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:

Title	Name	Address	Type of Action
<u>GP</u>	ALLEN MERRITT	2931 NE 16TH STREET POMPANO BEACH, FL : 7306	Add Remove
GP	ALLEN MERRITT	2980 NE 18 Street Pompano Beach FL 3306	Add Remove
			Add Remove
limited partnership	artnership or limited liability o" status, enter change here:		TARY ASSE
	Partnership hereby elects to be a Partnership hereby removes its		tnership."
(NOTE: If adding or i	removing" limited liability limited par	rtnership'' status, all general partner	s must sign this one ond ment.)

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

Effective date, if other than the date of filing:

. . **.** . . . .

.. .

(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\*:

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(\*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.)

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

artner eneral

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



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