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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	To:	Division of Co	porations	1,_
		Fax Number	: (850)617-6383	ALL ALL
	From:			
		Account Name	: GASSMAN & ASSOCIATES, P.	A. 27. 2
		Account Number	: 075350000514	المساء المتأولات
		Phone	: (727)442-1200	
		Fax Number	; (727)443-5829	
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nter th	e email	address for this	business entity to be use only one email address pl	d for future
acmus	il report	mailings. Ente	only one email address pl	.ease:**
	Address			

# LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION DAMRON FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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

### DAMRON FAMILY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certiful 10/28/1994, assigned Fl	ficate was filed	with the Florida De	partment of State on
adopts the following certificate of amendment to			
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the here:	limited partner	ship or limited ljabji	lity limited partnership
New name must be distinguis	shable and contain	an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	whip, Limited, L.P Limited Liability	., LP, or Ltd. Limited Partnership, L	.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ripal office add	lress, <u>enter new ma</u>	siling address and/or
New Principal Office Address: (Muss be STREET address)			
New Mailing Address; (May be post office box)			
C. If amending the registered agent and/or regis			enter the name of the
Name of New Registered Agent:			
New Registered Office Address:			2 = =
New Registered Office Address:	Enter	Florida street addres	· 53 2 0
<del></del>	City	, Fiorida	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

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>	Leonard A. Damron, III	P.O. Box 2349 Crystal River, FL 34423	Add ✓ Remove
GP	DAMRON'S LAND HOLDINGS, INC. (Dog.# K63274)	P.O. Box 2349 Crystal River, FL 34429	Add Remove
			Add F
<del></del>			Add 05
			Remove
<del></del>			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

L	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership.	, ,
---	--	-----

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE1 If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment)

F. If amending any other information,	enter change(s) here: (Attack	h additional sheets, if necessary.)
Effective date, if other than the date of fill (Effective date cannot be prior to nor more than 90 State.)	ng: ) days after the date this documen	it is filed by the Florida Department of
Signature(s) of a general partner or all		
(*NOTE: Only one current general partner is requested in the second of t	election statement. Chapter 620, I	F.S., requires all general partners to sign
DIAME DAMKON, as President of	·	
DAMRON'S LAND HOLDINGS, INC. a Florida profit corporation General Partner	,	
	<del> </del>	
Signature(s) of all new or dissociating go	eneral partner(s), if any:	
		· · · · · · · · · · · · · · · · · · ·
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		F 14 JUN SECRETA FALLASIA
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