Division of Corporations Electronic Filing Cover Sheet

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Tor

Division of Corporations

Fax Number

1 (050)617-6383

Prom:

Account Name : MCCARTHY, SUMMERS, BOSKO, WOOD, NORMAN, BASS & MELRY, P.A.

Account Number : Il99900D0170

Phone : (772)286-1700 Fax Number : (772)283-1803

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail Address:\_\_\_\_

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

FAIR BLUFF, LTD. again group

Certificate of Status	0	<u> </u>
Certified Copy	1	
Page Count	05	
Estimated Charge	\$105.00	1

Electronic Filing Menu

Corporate Filing Menu

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DEPARTMENT OF STATISTION OF CORPORATE TALLAHASSEE, FLOWERS

Y SULKER

APR 1 6 2018

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	FAIR BLUFF, LTD.		
No	me of Florida Limited Part	nership or Limited Liability Limited Par	tnership
The enclosed Certifi	cate of Amendment an	d fce(s) are submitted for filing.	
Please return all corr	espondence concernin	g this matter to:	
KENNETH A. NORMA	AN		
	Contact Person		
McCARTHY, SUMME	RS		
	Firm/Company		
2400 SE Federal Highw	ay, 4th Floor		
	Address	<u> </u>	
Stuart, FL 34994			
	City, State and Zip Code		
bepare@comcast.net			
E-mail address: (to	be used for future annual	report notification)	
			SS 2.
For further informat	ion concerning this ma	atter, please call:	
		at ( 772 ) 286-1700	77
Name of Conta	ict Person	Area Code and Daytime Telephor	ne Number
Enclosed is a check	for the following amo	unt:	te Number 49
☐ \$52,50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	■\$105.00 Filing Fee and Certified Copy Certified Copy	
STREET ADDRESS Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 32	tions ter Circle	MAILING ADDRESS Registration Section Division of Corporation P. O. Box 6327 Tellahassee, FL 32314	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		JFF, LTD.			
Insert name curr	ently on f	ile with Florida Depar	tment of State		
		#¥ +			
Pursuant to the provisions of section 620 limited liability limited partnership, who DECEMBER 29, 1994	se certif	lorida Statutes, thi icate was filed wit orida document nu	h the Florida Dep	artment of	or State on
adopts the following certificate of amend	Iment to	its certificate of li	mited partnership	•	,
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new nam here:	e of the	limited partnership	or limited liabilit	y limited p	<u>artnership</u>
New name must be	distinguis	hable and contain an a	cceptable suffix.	<u>.</u>	
	=		•		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	t t'artners r suffixes:	mp, Limited, L.P., LP, Limited Liability Lim	, or Ltd. ited Partnership, L.L.	L.P. or I.L.L.	P.
B. If amending mailing address and/oprincipal office address here:	r princi	pal office address	s, <u>enter new mail</u>	ing addre	00
New Principal Office Add	ress:	61 N. RIVER ROA	.D	35	APR
(Must be STREET address)	-	STUART, FL 3499		SS	
		t ,			- C.)
Nieus Martines and diese		ALN DIVER DO	D	7	
New Mailing Address: (May be post office box)		61 N. RIVER ROA STUART, "L 3499		-23	310
(May be post typice dox)		DICARI, LESTON		-	£
		Y. Si			<b></b>
C. If amending the registered agent and/ new registered agent and/or the new regist	or regist ered offi	ered office address	on our records, <u>c</u>	nter the na	ime of the
Name of New Registered Agent:	ROBE	RTH. PARÉ. JR.		<i>.</i>	-
New Registered Office Address:	61 N.	RIVER ROAD			_
		Enter Flor	rida street address		
	STUA	RT	, Florida <u>349</u>	96	
		City		p 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
GP	ROBERT H. PARÉ	109 SOUTH RIVER ROAD STUART, FL 34996	_ □ Add □ ■ Remove
<u>GP</u>	LIBBY E. PARÉ	109 SOUTÉI RIVER ROAD STUART, FL 34996	_ □ Add □ ■ Remove
GP	ROBERT H. PARÉ, JR.	61 N. RIVER ROAD STUART, FL 34996	
		TO STATE OF THE ST	Add Remove
	·		Add 3
			Add Remove 5

- 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.)

111111111111111111111111111111111111111	÷ .	
ffective date, if other than the date of filing:  ffective date cannot be prior to nor more than 90 days after ate.)  ote: If the date inserted in this block does not meet the appearing as the document's effective date on the Department	olicable statutory filing requireme	
ignature(s) of a general partner or all general	partners*:	
NOTE: Only one current general partner is required to sigmoving a "limited liability limited partnership" election st	gn this document unless the limit atement. Chapter 620, F.S., requ	ed partnership is adding or ires all general partners to sig
hen adding or removing a "limited liability limited partner		1.3 1.53
		<del></del>
	<del>-</del>	
ignature(s) of all new or dissociating general p	partner(s), if any:	
ROBERT H. PARÉ, deceased	Ħ	
Lila E. Pari		
LIBBY E. PART		
ROBERT H. PARÉ, JR.		
, , , , , , , , , , , , , , , , , , ,	<u> </u>	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50		
Certificate of Status (optional): \$8.75		

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