A95000001570

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300295294243

02/27/17--01028--020 **\$2.50

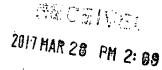
17 FEB 28 AHII: 1

NW 30 SULL BUS

COVER LETTER

	ation Section n of Corporations		
SUBJECT: _Z	Name of Florida Limited P	artnership or Limited Liability	
The enclosed C	Certificate of Amendment	and fee(s) are submitted	for filing.
Please return al	l correspondence concern	ing this matter to:	
Joege A Wædgwor	Contact Person TH'S FINC. Firm/Company		
P.O. Bo	X 2076 Address		
BELLE	GHASE, FL 33. City, State and Zip Code	430	
Joege W E-mail addre	Edgwelths.Com ess: to be used for future annua	al report notification)	
For further info	ormation concerning this n	natter, please call:	
JOPAF A	1. SRUPFZ.TR	at (5/4/) 99	76-2076
Name of	7. SAUCEZJR Contact Person	Area Code and Day	time Telephone Number
Enclosed is a c	heck for the following am	ount:	
\$52.50 Filing I	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 ADI	DRESS:	MAILING A	ADDRESS:
Registration Se	ection	Registration	Section
Division of Co		Division of C	
Clifton Buildin	_	P. O. Box 63	
2661 Executive		Tallahassee,	FL 32314
Tallahassee, FI	_ 32301		





FLORIDA DEPARTMENT OF STATE AND SEFF FLORIUM

March 2, 2017

JORGE A SUAREZ, JR P.O. BOX 2076 BELLE GLADE, FL 33430

SUBJECT: RUTH S. WEDGWORTH EDUCATION PARTNERSHIP, LTD.

Ref. Number: A95000001570

We have received your document for RUTH S. WEDGWORTH EDUCATION PARTNERSHIP, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the name of the partnership, the date of filing of its original registration, and the original registration number as reflected on the records of the Florida Department of State.

The designation of the registered agent must be at a Florida street address.

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 filed 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: 617A00004038

7 FEB 28 AM 11:1

www.sunbiz.org

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RATHS. WESQUOETH ESLICATION PARTNERSHIP, LTd.
Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620 limited liability limited partnership, whose 10 18 1995, assign	se certificat	te was filed with the la document number	e Florida Departm er <i>4950000</i>	nent of Sta	
adopts the following certificate of amend	lment to its	certificate of limit	ed partnership.		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name here:	e of the lim	ited partnership or	limited liability lin	nited partn	<u>iership</u>
New name must be o	distinguishab	le and contain an accep	otable suffix.	- <u>-</u>	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership B. If amending mailing address and/o principal office address here:	suffixes: Lin	nited Liability Limited .	Partnership, L.L.L.P.		nd/or
New Principal Office Addı (Must be STREET address)	<u>ress:</u>				
New Mailing Address: (May be post office box)	- - -			EB 28 AM	AND STATES OF THE STATES OF TH
C. If amending the registered agent and/new registered agent and/or the new registered			our records, enter	r the name	of the
Name of New Registered Agent:	_bk	GEA. SAUN	CEZNR.		
New Registered Office Address:	P.O.		Street address	Street	ن
	BELL	E GLAGE City	, Florida <u>33</u> Zip Co	430 ode	

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.

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
<u>GP</u>	GEORGE H. WESGUIDETH	BENT CHARLET. S. 33430	Add Remove
<u>GP</u>	DENNISG. WESQUORTH	13643 STAIMFORD DE WELLINGTON, VI.3341	Add Remove
			_
			_
			_ Add 28 Remove
			_
limited partnersh	partnership or limited liability nip" status, enter change here:		

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

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

Effective date, if other than the date of filing:(Effective date cannot be prior to nor more than 90 days af State.)	ter the date this document is filed by the Florida Departme
Signature(s) of a general partner or all general	l partners*:
(*NOTE: Only one current general partner is required to s removing a "limited liability limited partnership" election s when adding or removing a "limited liability limited partne	statement. Chapter 620, F.S., requires all general partners
B 2 2 -	
> (2 L). (Drymlen)	
	· · · · · · · · · · · · · · · · · · ·
Signature(s) of all new or dissociating general	partner(s), if any:
	• -
NIS - Im Warth	
George H. Wedanioth- deceased	
George H. Wedgworth- Aeceased	
George H. Wedgworth- deceased	
George H. Wedgworth- Aecoased Filing Fee: \$52.50	17 FEB 28