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Amend

MAR 2 1 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Robert	R Logan Limited Partnersh	nip II					
N	ame of Florida Limited Pa	rtnership or Limited Liab	pility Limited Partnership				
The enclosed Certif	icate of Amendment a	nd fee(s) are submitt	ed for filing.				
Please return all con	respondence concerni	ng this matter to:					
Brightman S Logan							
	Contact Person						
Robert R Logan Limite	ed Partnership II						
	Firm/Company						
Post Office Box 1045							
	Address						
San Antonio, FL 33576	i						
	City, State and Zip Code						
brightmanlogan@gma	il.com						
E-mail address: (t	o be used for future annual	report notification)					
For further information	tion concerning this m	atter, please call:					
Brightman S Logan		at (352) 424-2424					
Name of Cont	act Person	Area Code and Daytime Telephone Number					
Enclosed is a check	for the following amo	unt:					
■ \$52.50 Filing Fee		□\$105.00 Filing Fee and Certified Copy	□\$113.75 Filing Fee. Certified Copy, and Certificate of Status				
Mailing Address:		Street Ad					
Registration Section		Registration Section					
Division of Corpora P.O. Box 6327	MONS		Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 323	14	2415 N. Monroe Street, Suite 810					
			ee, FL 32303				

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

100 mg 2 of 2:00 Robert R Logan Limited Partnership II 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 12/11/1995 , assigned Florida document number A95000001923 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 LLL.P. B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here: 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, enter the name of the new registered agent and/or the new registered office address here:

Page 1 of 3

City

Enter Florida street address

__, Florida _____ Zip Code

Name of New Registered Agent:

New Registered Office Address:

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>GP</u>	Logan, Robert R, Trustec	5200 SW 25th Blvd Gainesville, FL 32608	□ Add ■ Remove
<u>GP</u>	Logan, Martha Sue, Trustee	5200 SW 25th Blvd Gainesville, FL 32608	☐ Add ☐ Remove
GP	Logan, Jr., Brightman S.	3689 NE 80th Avenue High Springs, FL 32643	
			
			□ Add □ Remove

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

Q	This I	Limited	Partnership	hereby	elects to	be a '	'Limited I	Liability	Limited	Partnership	ງ."

(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.

F. If amending any other information, enter change	ge(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 State.)	he date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the applica be listed as the document's effective date on the Department of	
Signature(s) of a general partner or all general par	rtners*:
(*NOTE: Only one current general partner is required to sign the removing a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership".	nent. Chapter 620, F.S., requires all general partners to sign
R-222	
Martha Suchanous	
Richt Sterragan	
Jugar n war	
Signature(s) of all new or dissociating general part	tner(s), if any:
Bros 2.	
Marita Sin Logan	
Robert R. Logan, Deceased	
(Sec Attached)	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$82.50	