

A960000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

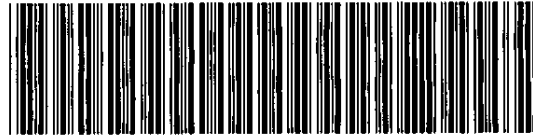
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/23/16--01018--022 \*\*166.25

FILED  
2016 JUN 29 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CF - 52.50  
Cert - 61.25

M. MILLIGAN  
EXAMINER

JUN 29 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Partington Family Limited Partnership No. 1  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kimberly Kirk  
Contact Person  
Reynolds, Rappaport, Kaplan & Hackney, LLC  
Firm/Company  
106 Cooke Street, P.O. Box 2540  
Address  
Edgartown, MA 02539  
City, State and Zip Code  
kkirk@rrklaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Kirk at ( 508 ) 627-3711  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee      ☐ \$61.25 Filing Fee  
and Certificate of      ☐ \$105.00 Filing Fee      ☐ \$113.75 Filing Fee,  
Status      and Certified Copy      Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**Partington Family Limited Partnership No. 1**

Insert name currently on file with Florida Department of State

2018 JUN 29 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 January 2, 1996, assigned Florida document number A96000000011, 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 LLLP.*

**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:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

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 TALLAHASSEE REGISTRY

**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>	<u>Type of Action</u>
GP	Susan T. Pickering	c/o Bart Partington 37 Kitts Field Circle Edgartown, MA 02539	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Bartholomew J. Partington	37 Kitts Field Circle Edgartown, MA 02539	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	Marshall T. Partington	10220 NE Points Dr. Suite 110 Kirkland, WA 98033	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**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.)**

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

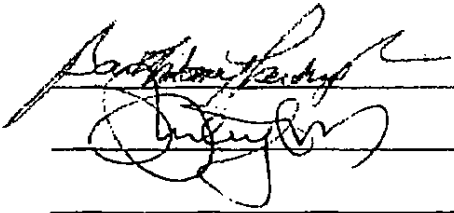
Susan T. Pickering, former general partner, died on June 4, 2014.

Effective date, if other than the date of filing: \_\_\_\_\_

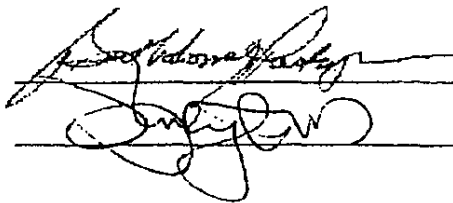
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signature(s) of a general partner or all general partners\*:

(\*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 partner(s), if any:



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

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STATE OF FLORIDA  
TALLAHASSEE FLOOR