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(Rec	juestor's Name)	
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(City	/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	
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D6 MAY -2 AM ID: 24

TO: Registration Division of C					
Tom	Ed Oakley Family	Lim	ited Part	nership	
SUBJECT:	Florida Limited Partnersh				
•		•	•	••	
The enclosed Certifi	icate of Amendment a	nd fee	(s) are subm	nitted for filing.	
Please return all cor	respondence concerni	ng this	matter to:		
Ms.	Patricia A. Oakl	еу			
	(Contact Person)			•	7.2
					06 MAY -2 AM 10: 25 SEC(15) AY OF STATE TALL/MAYSSEE FLORIDA
	(Firm/Company)				
126	49 Tradition Driv	æ			Sg ×
	(Address)			•	<u> </u>
Dad	le City, FL 33525				MAY -2 AM 10: 2 CONSTRUCT FLORING
	(City, State and Zip Code)			•	意用 25
					_
For further informat	ion concerning this m	atter, p	olease call:		
Ms.	Patricia Oakley	at (352) 588-2583	
(Name of Con	tact Person)		(Area Code	and Daytime Telephone N	umber)
Enclosed is a check	for the following amo	unt:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		105.00 Filing Certified Cop		nd
STREET ADDRES	SS:		MAILI	ING ADDRESS:	
		ation Section			
		n of Corporations			
		ox 6327			
2661 Executive Cer			Tallaha	ssee, FL 32314	
Tallahassee, FL 32	301				

COVER LETTER

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Tom_Ed_Oakley_Fami	lly Limited	Partnership				
(Insert name current	tly on file with F	Iorida 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 Ju	ıly 27, 200	4 (amended) , adopts the folio	wing			
certificate of amendment to its certificate	ificate of limit	ed partnership.				
Property A and and A A A A A	·	· · · · · · · · · · · · · · · · · · ·	1.06			
FIRST: Amendment(s): (Indicate	information o	eing amended, added, or deleted)	三四 三			
Delete general partner:	Tom Ed Oak	ley	至			
			<u> </u>			
Add general partner: Pat			=			
		kley Marital Trust				
	49 Traditi		<u>`</u> 93			
Dad	e City, FL	33525	台角			
			7			
						
						
	<u> </u>					
SECOND: Effective date, if other	than the date	of filing:				
			_ '			
(Effective date cannot be prior to nor more	e than 90 days a	fter the date this document is filed by the F	Florida			
Department of State.)	o man zo aujo uj	to the date the document to fitted by the t				
•						
Signature(s) of a general partner(s)						
(*Note: If adding or deleting an election is	to be a limit <mark>ed</mark> lid	ability limited partnership statement, all g	eneral			
partners must sign the amendment.)						
Patricia A Dakley	_					
Tarrela H Harrie						
(3					
						
Signature(s) of new or dissociating	general partr	ner(s), if any:				
	<u>-</u>	•				
Patricis A Dakle	4					
	U					
Filing Fee:	\$52.50					
Certified Copy (optional):	\$52.50					
Certificate of Status (optional):	\$8.75					