A9600001361

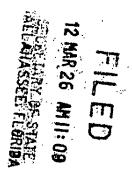
(Requestor's Name)			
(Address)			
¹(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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D. BRUCE
MAR 27 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2012

FORE FAMILY LIMITED PARTNERSHIP 901 EAST 2ND PLAZA PANAMA CITY, FL 32401

SUBJECT: FORE FAMILY LIMITED PARTNERSHIP

Ref. Number: A96000001361

We have received your document for FORE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00007247



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fore Family Limit Name of Florida Limit	ted Partnership ed Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendm	ent and fee(s) are submitted for filing.
Please return all correspondence cond	eerning this matter to:
Mark Gusmus	· · · · · · · · · · · · · · · · · · ·
Contact Person	
Tipton, Marler, Garner & C	hastain
PO Box 1100	
Address	
Panama City, FL 32402 City, State and Zip C	_{्रिक} ्र ह
City, State and Zip C	
mark.gusmus@cpagroup.com E-mail address: (to be used for future a	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning th	nis matter, please call:
Mark Gusmus	at (850) 769-9491
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following	amount: (Check mailed previously and held until the attached Cert of Amendment is rec'd)
X \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	Fee \$105.00 Filing Fee \$113.75 Filing Fee,
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	mited Partnership		
Insert name curren	ntly on file with Florida Department	artment of State	
Pursuant to the provisions of section 620. limited liability limited partnership, whose July 18, 1996, assig	e certificate was filed w	ith the Florida D	epartment of State on
adopts the following certificate of amendr	ment to its certificate of	limited partnersl	hip.
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name here:	of the limited partnersh	ip or limited liab	ility limited partnership
New name must be d	istinguishable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership .			L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	principal office addre	ss, <u>enter new m</u>	ailing address and/or
New Principal Office Addre	ess:		は えんしゅう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう しゅうしゅう しゅう
(Must be STREET address)			- MR 2
New Mailing Address: (May be post office box)			6 #H E CORIB
C. If amending the registered agent and/o new registered agent and/or the new registe		ss on our record	s, enter the name of the
Name of New Registered Agent:	Allan Fore		
New Registered Office Address:	901 East 2nd P1 Enter Fl	.aza 'orida street addre	ss
	Panama City	. Florida	32401
		, 1 1011 u u _	Zin 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	<u>Name</u>	Address	Type of Action
	Natalie L Fore	901 East 2nd Plaza Panama City, FL 32401	Add X Remove
	Allan Fore	901 East 2nd Plaza Panama City, FL 32401	X Add Remove
	Susan Staten	2025 Raeford Road Fayetteville, NC 28305	X Add Remove
			Remove 36
			□ Add Gi
			Add 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	e 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.)

r. 11 amending any other information, enter ca	nange(s) here: (Attach additional sheets, if necessary.)
The state of the s	And the second s
	,
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days afte State.)	er the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election stawhen adding or removing a "limited liability limited partnership".	atement. Chapter 620, F.S., requires all general partners to sig
	· · · · · · · · · · · · · · · · · · ·
Signature(s) of all new or dissociating general p	partner(s), if any:
DECEASED - Natalie L. Fore	an-
Allan Fore	ON I
Susan Staten	Swn Ade
,	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	