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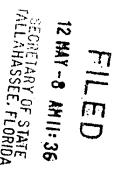
(Re	questor's Name)	
(Ad	dress):	
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(Cit	ry/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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D. BRUCE

MAY 0 9 2012

EXAMINER

COVER LETTER

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Registration Section
Division of Corporations

Tallahassee, FL 32301

TO:

The enclosed Certi	ficate of Amendment a	and fee(s) are submitted	for filing.	
Please return all co	rrespondence concerni	ng this matter to:		
KITTY TA	YLOR -	IAGEMENT, LU		
	Contact Person			
GRAYTON	TAYLOR MAN	IAGEMENT. LL	C	
	Firm/Company			
133 DE	FUNIAK STA	LEET		
	Address			
SANTA	ROSA BEACA	4, FL 32459	Ξ_{σ}	<u></u>
	CRY, State and ZID Code			~
Kittye	graytoncoas	st properties	com En	12 附7 -8
E-mail address: (to be used for future annual	report notification)	.SS AR	d
			E C	•
For further informa	ition concerning this m	atter, please call:	F SI	-8 暦11:36
KITTY	<u> </u>	at (850)	time Telephone Number	36
Name of Con	tact Person	Area Code and Day	time Telephone Number	
Enclosed is a check	for the following amo			
\$52.50 Filing 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 ADDRE	SS:	MAILING	ADDRESS:	
Registration Sectio		Registration		
Division of Corpor			Corporations	
Clifton Building		P. O. Box 63	327	
2661 Executive Ce	nter Circle	Tallahassee,	FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

JAMES H. TAYLOR FAMILY PARINERSHIP, LTD

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partner limited liability limited partnership, whose certificate was filed with the Florida Department 12/26/1996, assigned Florida document number A 96006 adopts the following certificate of amendment to its certificate of limited partnership.		with the Florida Department of State on number A 9 6 000002454		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the linere:	imited partner	ship or limited liability limited partnership		
New name must be distinguish	nable and contain	an acceptable suffix.		
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: A				
B. If amending mailing address and/or principal office address here:	pal office add	ress, enter new mailing address and/or		
New Principal Office Address:		a series		
(Must be STREET address)		<u></u>		
		A T		
New Mailing Address:		SSS		
(May be post office box)				
		Ts # D		
C. If amending the registered agent and/or registered new registered agent and/or the new registered office				
Name of New Registered Agent:				
New Registered Office Address:				
•	Enter	Florida strect address		
		, Florida		
•	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

۳۰__,

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 genera	al partner	being
ado	led or removed from our records:						

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	OF WALTON COUNTY INC	133 DEFUNIAR ST SANTA ROSA BEACH	Add Kemove
	MANAGEMENTILLC WANAGEMENTILLC 4200059351	133 DEFUNIANST. SANTA ROSA BEACE FLORIDA 32459	Add Remove
			Add Remave: 72
			Remove
			OF STATE OF
			Add Remove

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

L	┙	This Limited Partnership hereby elects to b	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.)

	, , , , , , , , , , , , , , , , , , ,
ffective date, if other than the date of filing:	er the date this document is filed by the Florida Department of
•	
signature(s) of a general partner or all general	partners*:
	gn this document unless the limited partnership is adding or latement. Chapter 620, F.S., requires all general partners to sign ship" election statement.)
1/4-21	
pupaln, many	GRAYTON TAYLOR MANAGE
<u> </u>	
Signature(s) of all new or dissociating general p	partner(s), if any:
h h l	
PRES.	THE TAYLOR COMPANY OF WALTON COUNTY INC (DISSO
Oil M. Jagha , mgam	GRAYTON TAYLOR MANAGE
Katholen, man	GRAYTON TAYLOR MANAGE
	·
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	AHALI ALA
Certificate of Status (optional): \$8.75	S) Es