

A97000000640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

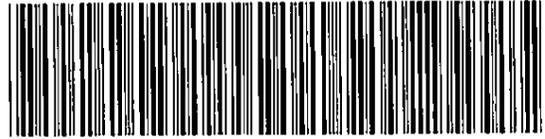
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Isaac F Albrighton Groves, LLLP
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:

Sabrina Smothers
Contact Person

Isaac F Albrighton Groves, LLLP
Firm/Company

P O Box 256
Address

Alturas, FL 33820
City, State and Zip Code

sasmothers1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Smothers at (813) 640-9182
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 Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED

Isaac F Albrighton Groves, LLP

2029 DEC -4 AM 8: 57

Insert name currently on file with Florida Department 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 3/17/1997, assigned Florida document number A97000000640, 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

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>
	Nicholas F Albritton	5 Albritton Rd	<input type="checkbox"/> Add
	Nicholas F Albritton, Trustee	P.O. Box 255	<input checked="" type="checkbox"/> Remove
	Christena Albritton Black	#1 Turas, FL 33820	
	NFA 2008 Descendants	11158 Crescent Bay Blvd	<input checked="" type="checkbox"/> Add
	Separate Trust trustee	Clermont, FL 34711	<input type="checkbox"/> Remove
	Christena Albritton Black		
	Sabrina Albritton Smothers		
	NFA 2008 Descendants	1129 Colony Arms Dr	<input checked="" type="checkbox"/> Add
	Separate Trust	Lakeland FL 33813	<input type="checkbox"/> Remove
	Sabrina Albritton Smothers, Trustee		
			<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.)

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Dale E Albritten Revocable Trust Dale E Albritten, Trustee

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TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

Christena Albritten Black NFA 2008 Descendants Separate Trust Christena Albritten, Trustee
Sabrena Albritten Smothers NFA 2008 Descendants Separate Trust Sabrena A Smothers, Trustee
Nicholas F Albritten Revocable Trust (remove) Christena Albritten, Co-Trustee
 Sabrena A Smothers, Co-Trustee

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