

A97000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

wrong firm  
balance due

7/6/8

A97-981

Office Use Only



700071747367

06/06/06--01051--012 \*\*27.50

04/27/06--01048--015 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN - 7 AM 8:43

APPROVED  
AND  
FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Olive C. Adams Family Limited Partnership  
(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:

Douglas Adams  
(Contact Person)

(Firm/Company)

9 Riverview Ter  
(Address)

Dover, MA 02030  
(City, State and Zip Code)

For further information concerning this matter, please call:

Douglas Adams at ( 508 ) 785 0228  
(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

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

RECEIVED

06 MAY 25 AM 8:00

DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2006

DOUGLASS ADAMS  
9 RIVERVIEW TERR.  
DOVER, MA 02030

SUBJECT: OLIVE C. ADAMS FAMILY LIMITED PARTNERSHIP  
Ref. Number: A97000000981

We have received your document for OLIVE C. ADAMS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. 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.

The form submitted is for amending a general partnership registration, not limited partnerships.

There is a balance due of ~~\$10.00~~ *27.50*

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 406A00032862

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

Olive C. Adams Family Limited Partnership

(Insert name currently on file with Florida 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 April 28, 1997, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (Indicate information being amended, added, or deleted)

Change General Partner From: Mansfield Adams, William  
TO Jonathan BLACKWELL Adams  
2545 Fairdell Dr.  
SAN Jose, Calif 95125

**SECOND:** 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(s)\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)

Douglass Adams

Douglass ADAMS

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

[Signature]

Jon ADAMS

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN -7 AM 8:43

APPROVED  
AND  
FILED