97000001030

(F	(equestor's Name)
(A	ddress)
(A	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	5194
	Office Use Only



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2014 HAY 36

K. SALY EXAMINER

JUN - 4 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2014

DODSON FAMILY PARTNERSHIP, LLLP CHARLES W. DODSON 9541 CYPRESS LAKE DR. FORT MYERS, FL 33919

SUBJECT: DODSON FAMILY PARTNERSHIP, LLLP

Ref. Number: A9700001030

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

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

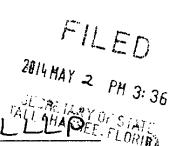
Karen A Saly Regulatory Specialist II

Letter Number: 014A00009903

COVER LETTER

	TO:	_	ion Section of Corporation	ne.			
		Division	or Corporatio	2115			
	SUBJ	ECT:	and the same of th	Dodson	Family F	artnership	, LLLP
L		~	Name of Flor	ida Limited P	artnership or	Limited Liabilit	y Limited Partnership
	The er	nclosed Ce	rtificate of A	mendment	and fee(s)	are submitted	for filing.
	Please	return all	corresponder	nce concern	ing this ma	atter to:	
		charl	es w	Person	tson	· · · · · · · · · · · · · · · · · · ·	
	Do	dsor	Fam Firm/C	ompany	out n	iership	LLLP
	99	541		SS L	ake	DR	
	Fa	ort	Mye City, State 8	and Zip Code	<u>-</u> L	33919	1
	<u></u>		e e	narlie			6M
	For fu	rther infor	mation conce	rning this n	natter, plea	se call:	
	ch	Name of C	ontact Person	xdso1	<u>at (</u>	339 3	57-1890 time Telephone Number
	Enclos		ck for the fo	llowing am		a cour ma buy	Total Complete Training
	\$52.	.50 Filing Fe		5 Filing Fee ificate of		.00 Filing Fee tified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
	STRE	ET ADDI	RESS:			MAILING A	ADDRESS:
	-	ration Sect				Registration	
		on of Corp	orations			Division of C	
		n Building				P. O. Box 63	
		Executive (assee, FL	Center Circle 32301			Tallahassee,	FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP



Zip Code

Dodson Family Partnership L'

moor name contently on	The Will Florida Separation of State
limited liability limited partnership, whose certi	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on lorida document number A 9700001030, o its certificate of limited partnership.
This amendment is submitted to amend the following	;
A. If amending name, <u>enter the new name of the here</u> :	limited partnership or limited liability limited partnership
NA	
New name must be distingui	shable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	rship, Limited, L.P., LP, or Ltd. :: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	cipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or regisnew registered agent and/or the new registered off	stered office address on our records, <u>enter the name of the</u> fice address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

City

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 1	the name	and	business	address	of each	general	partner	being
ado	ded or removed from our	records:							_	•	

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Sharon mc Donal	d 1202 7win Pall Ft myers Fr 33919	n
	Ann F. badson	deceased 12-22-13	Add Remove
**************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
	partnership or limited liability ip" status, enter change here:	limited partnership is amen	ding its "limited liability
This Limited	l Partnership hereby elects to be	a "Limited Liability Limited Pa	artnership."
☐ This Limited	l Partnership hereby removes its	"Limited Liability Limited Par	tnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the date of f (Effective date cannot be prior to nor more than State.)	iling:
Signature(s) of a general partner or a	ll general partners*:
(*NOTE: Only one current general partner is removing a "limited liability limited partnership when adding or removing a "limited liability lin	equired to sign this document unless the limited partnership is adding or "election statement. Chapter 620, F.S., requires all general partners to sign nited partnership" election statement.)
Charles a Dodgen	
Signature(s) of all new or dissociating	general partner(s), if any:
Sharon MaDona	
	<u> </u>
Filing Fee: \$52.	.50
Certified Copy (optional): \$52. Certificate of Status (optional): \$8.	50