## AMOCOOIDA

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(Address)		
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PICK-UP WAIT M	AIL	
(Business Entity Name)		
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SECRETARY OF STATE
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## \*\* COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Davidson 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:
Meridian Management  Firm/Company
221 Fe 6 th Avenue Address
Tallahassee F1 32312 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wm. Larry Henley at (850) 933-1678  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee Certified Copy and Certificate of Status
STREET ADDRESS:  MAILING ADDRESS:  Positivation Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Davidson Family	himited lartnership
Insert name currently on	file with Florida Department 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 <u>A 97 00000 1 069</u> , to its certificate of limited partnership.
This amendment is submitted to amend the following	<b>;</b> :
A. If amending name, enter the new name of the here:	limited partnership or limited liability limited partnership
Not Appli	cable
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)	Not Applicable
New Mailing Address: (May be post office box)	Not Applicable
C. If amending the registered agent and/or registered agent and/or the new registered of	stered office address on our records, <u>enter the name of the fice address here</u> :
Name of New Registered Agent:	Not Applicable  Not Applicable
New Registered Office Address:	Not Applicable  Enter Florida street address
	City Florida Zip Gode

Page 1 of 3

## 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.

Not Applicable

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>	Name	<u>Address</u>	Type of Action
GP	Stanley K. Davie	Isow 5706 Burwash ( Charlotte, NC 28277	Add ⊠Remove
GP	Dale S. Davidson	403 North Daluson S Thomasuille, Ga 31792	
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
	partnership or limited liabili nip" status, enter change here:	ity limited partnership is amen	nding its "limited liability
This Limite	ed Partnership hereby elects to t	oe a "Limited Liability Limited P	artnership."
This Limite	ed Partnership hereby removes i	its "Limited Liability Limited Par	rtnership" status.

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

Not Andirabl	e
7701 77713	
Effective date, if other than the date of fili	ing:
(Effective date cannot be prior to nor more than 9 State.)	ing:
Signature(s) of a general partner or all	general partners*:
(*NOTE: Only one current general partner is reqremoving a "limited liability limited partnership" (when adding or removing a "limited liability limit	uired to sign this document unless the limited partnership is adding or election statement. Chapter 620, F.S., requires all general partners to sign ed partnership" election statement.)
Some P. Davi Do	on, Trustee
Signature(s) of all new or dissociating g	general partner(s), it any:
Starley K. Navida	
I amy ke Danide	
· · · · · · · · · · · · · · · · · · ·	
	AEE 72
Filing Fee: \$52.56	
Certified Copy (optional): \$52.56 Certificate of Status (optional): \$8.75	
Constitution of Status (optionary).	The state of the s
	Fig. 8. Fig. 8.

F. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
Not app	licable
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 State.)	ng:days after the date this document is filed by the Florida Department of
Signature(s) of a general partner or all g	eneral partners*:
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited	ired to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign d partnership" election statement.)
Save J. Davidson	, Trustee
	·
Signature(s) of all new or dissociating ge	<del></del>
Jan Warrelson	V
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	