## A97000001778

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Entity Harrie)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS
MAY - 5 2011

**EXAMINER** 

Office Use Only



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04/19/11---01032---014 \*\*52.50

SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations				
SUBJECT: 5: las R. Stane,	LLLP artnership or Limited Liability Limited Partnership			
Name of Florida Limited P	artnership or Limited Liability Limited Partnership			
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to:			
Branda Wand Contact Person				
Contact Person				
Firm/Company				
P.O. Box 13788				
Address				
Address  Mexico Beach FL 3  City, State and Zip Code	2410			
E-mail address: (to be used for future annua				
For further information concerning this r	natter, please call:			
Brands Wand	at (850) 648-8668 Area Code and Daytime Telephone Number			
Name of Confact Person	Area Code and Daytime Telephone Number			
Enclosed is a check for the following am	ount:			
\$52.50 Filing Fee Status \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				



April 21, 2011

BRENDA WARD P.O. BOX 13788 MEXICO BEACH, FL 32410

SUBJECT: SILAS R. STONE LLLP

Ref. Number: A9700001278

We have received your document for SILAS R. STONE 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 a current general partner, if any, and by each newly designated general partner(s).

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 411A00009736

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

5: las R. Stone Insert name currently on t	L(CP
Insert name currently on f	file with Florida Department of State
limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on orida document number <u>A9700001278</u> , o its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the here:	limited partnership or limited liability fimited partnership
New name must be distinguis	shable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or Ltd. Limited Lightlity Limited Partnership, L.L.L.P. or LLLP
•	ipal office address, enter new mailing address and/or
New Mailing Address: (May be post office box)	P.O. Box 13788  Maxice Band, FL 32410
C. If amending the registered agent and/or regis new registered agent and/or the new registered off	tered office address on our records, <u>enter the name of the ice address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zip GAGE AHAY -2

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.

If Changing Registered	l Agent, Signature	e of New Register	ed 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>	Address	Type of Action
GP	Manica L Stone (Deceased)	804 16th St Part St Josefl	Add Remove
			Add Remove
	·		Add Remove
<del></del>			Add Remove
			Add Remove
			AddRemove
	l partnership or limited liabili hip" status, enter change here:	ty limited partnership is am	ending its "limited liability
This Limit	ed Partnership hereby elects to b	e a "Limited Liability Limited	Partnership."
This Limit	ed Partnership hereby removes it	ts "Limited Liability Limited I	Partnership" status.
(NOTE: If adding	or removing" limited liability limited p	partnership" status, all general pa	rtners must sign this amendment.)

F. If amending any other info	rmation, e	nter change(s	s) here: <i>(A</i>	Attach add	itional sheets,	if necessary.)
					<u> </u>	
700 ( 1 1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.61				n-	
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te 01 1111ng re than 90 a	g: lays after the de	ate this doc	ument is fil	ed by the Flor	ida Department of
Signature(s) of a general partner	r or all ge	eneral partn	ers*:			
(*NOTE: Only one current general parts removing a "limited liability limited parts when adding or removing a "limited liability".	nership" ele	ction statement	. Chapter 6	520, F.S., re		
Bruda L. Ware			<del></del>			
Signature(s) of all new or dissoci	ioting gor	aval nartna	r(c) if an			
Signature(s) of an new of dissoci	aing ger	iei ai pai ine	<u>1 (5), 11 aii</u>	<u>. Y</u> .		
			. <del>.</del>			
					<u> </u>	<del></del>
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75					