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SECRETARY OF STATE
TALK ABASSES FLORIDA

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COVER LETTER

| Division of Corporations | |
|--|--|
| | Investments, Ltd. |
| 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 ma | atter to: |
| | |
| Tommy D. Permenter, Jr., Esquire Contact Person | |
| The Permenter Law Firm, P.A. | |
| Firm/Company | |
| 2201 S.E. 30th Avenue, Suite 202 | |
| Address | |
| Ocala Elevida 24474 | |
| Ocala, Florida 34471 City, State and Zip Code | |
| Tommy@Permenterlaw.com | |
| E-mail address: (to be used for future annual report notif | fication) |
| | |
| For further information concerning this matter, plea | se call: |
| Tommy D. Permenter, Jr., Esquire at (| 352) 622-1811 |
| | a Code and Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| | .00 Filing Fee tified 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 32301 | Tallahassee, FL 32314 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| | with Florida Department of State |
|---|---|
| insert name currently on the | . Wild Florida Department of State |
| | ate was filed with the Florida Department of State on ida document numberA9700001294, |
| | is certificate of fillified partiersing. |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the lir</u> here: | nited partnership or limited liability limited partnership |
| New name must be distinguisha | ble and contain an acceptable suffix. |
| Acceptable Limited Partnership suffixes: Limited Partnershi, Acceptable Limited Liability Limited Partnership suffixes: Li | |
| B. If amending mailing address and/or princip <u>principal office address here</u> : | al 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 registernew registered agent and/or the new registered office | red office address on our records, enter the name of the address here: |
| Name of New Registered Agent: | 7A TAA |
| New Registered Office Address: | Enter Florida street address SSR + Florida Florida Florida |
| | City , Florida |

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> 1 me</u> | Name | Address | Type of Action |
|--------------|--|---|--|
| <u>GP</u> | Drummond Capital Corp. Inc. | 1627 N. Young Boulevard Chiefland, Florida 32626 | _ Add ✓ Remove |
| <u>GP</u> | Drummond Capital Company, LLC | 1627 N. Young Boulevard Chiefland, Florida 32626 | Add Remake Remoke PM 2: Remove 5 Add Add |
| | | | Remove Add Remove |
| | partnership or limited liabili ip" status, enter change here: | ty limited partnership is amend | ling its "limited liability |
| This Limited | l Partnership hereby elects to b | e a "Limited Liability Limited Pa | rtnership." |
| This Limited | l Partnership hereby removes it | ts "Limited Liability Limited Part | nership" status. |

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

| F. If amending any other inform | nation, ente | change(s) here: (Attac | h additional sheets, if | necessary.) |
|--|----------------------------------|--|---|---------------------------|
| | | | | |
| | | | | |
| Effective date, if other than the date (Effective date cannot be prior to nor more State.) | of filing:_ than 90 day | after the date this docume | nt is filed by the Florida | a Department of |
| Sidie.) | | | | |
| Signature(s) of a general partner (*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited | er is required ership" electi | o sign this document unless n statement. Chapter 620, | F.S., requires all genera | |
| G. Luther Drummond, Manager | en m | mership election statemen | , | |
| Drummond Capital Company, LI | | | | |
| | | | | |
| Signature(s) of all new or dissocia | | _ | | |
| G. Luther Drummond, Manager Drummond Capital Company, LI | of C | Drummond sign as i | ociating general Capital Corp., t was converted | Inc., canno to the new |
| | | | artner, Drummon LLC, on Decembe | |
| Filing Fee: | \$52.50 | | SECT | 2014 MAR |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | | RETARY OF WHASSEE, F | FILED |