

A97000001599

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000221406 3)))



H080002214063ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZAROV, A.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

ALBRITTON & SONS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

CH# 00803/01200

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

08 SEP 23 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 23 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 24 2008

EXAMINER

9/23/2008

(((H08000221406 3)))

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

ALBRITTON & SONS, LTD.

(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 07/22/1997, assigned Florida document number A97000001599, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

Albritton & Sons, LLLP

(New name must be distinguishable and contain an acceptable suffix.)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____
(City) (Zip Code)

(((H08000221406 3)))

SEP 23 AM 8:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

(((H08000221406 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

2008 SEP 23 AM 8:15
 SECRETARY OF STATE
 ALABAMA
 MOBILE, AL

FILED

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☒ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

(((H08000221406 3)))

(((H08000221406 3)))

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The partnership shall have perpetual duration.

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 or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

NICHOLAS F. ALBRITTON, TRUSTEE

X *Nicholas F Albritton, Trustee*

DALE E. ALBRITTON, TRUSTEE

X *Dale E Albritton - Trustee*

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

FILED
2008 SEP 23 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(((H08000221406 3)))