

A97000001599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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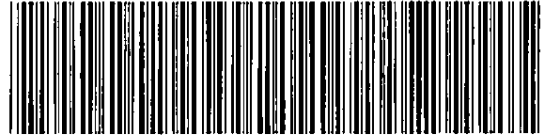
(Business Entity Name)

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FILED
2023 DEC -4 PM 4:38
STATE
TALLAHASSEE, FL

NOTAR
12/12/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albritton & Sons, LLP
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:

Sabrina Smothers
Contact Person
Albritton & Sons, LLP
Firm/Company
P O Box 256
Address
Alturas, FL 33820
City, State and Zip Code
sssmothers1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Smothers at (863) 640 9182
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☒ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED

Albritton + Sons, LLP

2023 DEC -4 PH 4:39

Insert name currently on file with Florida Department of State

STATE
TALLAHASSEE, FL

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 7/22/97, 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:

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

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>
	Nicholas F Albrighton	5 Albrighton Rd	<input type="checkbox"/> Add
	Aerocable Trust	P O Box 255	<input checked="" type="checkbox"/> Remove
	Nicholas F Albrighton Trust	Alturas, FL 33820	
	Christina Albrighton Black		
	NFA 2008 Descendants	11158 Crescent Bay	<input checked="" type="checkbox"/> Add
	Separate Trust	Alturas, FL 33820	<input type="checkbox"/> Remove
	Christina Albrighton Black, Trustee	Germant, FL 34211	
	Sabrina Albrighton Smothers		
	NFA 2008 Descendants	1129 Colony Arms Dr	<input checked="" type="checkbox"/> Add
	Separate Trust	Lakeland, FL	<input type="checkbox"/> Remove
	Sabrina Albrighton Smothers, Trustee	33813	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.)

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

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Dale E Albrighton Revocable Trust

Dale E Albrighton, Trustee

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

Christena Albrighton Black NFA 2008
Descendants Separate Trust

Christena A Black, Trustee

Sabrina Albrighton Smothers NFA 2008
Descendants Separate Trust

Sabrina A Smothers, Trustee

Nicholas E Albrighton Revocable Trust
(Remote)

Christena A Black, Co-Trustee
Sabrina A Smothers Co-Trustee

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

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021041238

DATE ISSUED: MARCH 2, 2021

DECEDENT INFORMATION

DATE FILED: MARCH 1, 2021

NAME: NICHOLAS FRANKLIN ALBRITTON

DATE OF DEATH: FEBRUARY 25, 2021

SEX: MALE

AGE: 079 YEARS

DATE OF BIRTH: FEBRUARY 25, 1942

SSN: ***-**-4421

BIRTHPLACE: BREWSTER, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 1965 EL PASO TRAIL

LOCATION OF DEATH: BARTOW, POLK COUNTY, 33830

RESIDENCE: 1965 EL PASO TRAIL, BARTOW, FLORIDA 33830, UNITED STATES

COUNTY: POLK

OCCUPATION, INDUSTRY: OWNER, CITRUS AND CATTLE COMPANY

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: PATRICIA SMITH

FATHER'S/PARENT'S NAME: ISAAC FRANKLIN ALBRITTON

MOTHER'S/PARENT'S NAME: JUANITA RUTH SENG

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SABRENA SMOTHERS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1129 COLONY ARMS DRIVE, LAKELAND, FLORIDA 33813, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: TIMOTHY M HARDEE, F045466

FUNERAL FACILITY: WHIDDEN-MCLEAN FUNERAL HOME INC F040216

650 EAST MAIN ST, BARTOW, FLORIDA 33830

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: BETHLEHEM MEMORIAL CEMETERY
MULBERRY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0803

DATE CERTIFIED: MARCH 1, 2021

CERTIFIER'S NAME: STEPHEN GLENN SWENGROS

CERTIFIER'S LICENSE NUMBER: ME65016

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2022441882

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 194E (03-13)

CERTIFICATION OF VITAL RECORD



* 4 1 1 8 8 0 1 0 *

VOID IF ALTERED OR ERASED

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E-mail address: (to be used for future annual report notification)

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Tallahassee, FL 32314

Street Address:

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