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COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT: FKP LT	Ð				
N N	ame of Florida Limited Pa	rtnership or Limite	d Liabilit	y Limited Partnership	
The enclosed Certif	icate of Amendment a	nd fee(s) are sul	bmitted	for filing.	
Please return all cor	respondence concerni	ng this matter to):		
Benjamin K. Powell					
	Contact Person		_		
FKP LTD					
	Firm/Company				
219 Newnan Street					
	Address				
Jacksonville, FL 32202					
	City. State and Zip Code				
bpowell@cwpowellins	com				
E-mail address: (to	o be used for future annual	report notification)		
For further information	tion concerning this m	atter, please cal	1:		
Benjamin K. Powell		at (256-	256-0104	
Name of Contact Person			Area Code and Daytime Telephone Number		
Enclosed is a check	for the following amo	eunt:			
☐ \$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:		Stree	et Addr	ess:	
Registration Section		Registration Section			
Division of Corpora P.O. Box 6327	itions		Division of Corporations		
17.O. Box 6527 Tallahassee, FL 323	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
ranamasee, 14, 25,	, ; :			FL 32303	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP 124 77 4:55 OF

FKP LTD		
Insert name currently on fi	le with Florida Depa	rtment of State
Pursuant to the provisions of section 620.1202. F limited liability limited partnership, whose certifically 24, 1997, assigned Floadopts the following certificate of amendment to	cate was filed wi rida document nu	th the Florida Department of State on imber A97000001626
adopts the following certificate of afficiencine to	ns certificate of i	mitted partnersmp.
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the l</u> here:	imited partnershi	p or limited liability limited partnership
New name must be distinguish	nable and contain an	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or princi principal office address here:	pal office addres	s, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: tMay be post office boxi		
C. If amending the registered agent and/or register registered agent and/or the new registered office ad		n our records, <u>enter the name of the new</u>
Name of New Registered Agent:	- · ·	
New Registered Office Address:	Enter Flo	orida street address
	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 l
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:

Title	Name	<u>Address</u>	Type of Action
GP	William L. Powell (deceased)	219 Newnan Street Jacksonville, FL 32202	_ Add Remove
			_
			_
			Add Remove
			_ □ Add □ 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	Partnership.	y Limited	Liability	Limited	be a	p hereby elects to	Partnership	This Limited	
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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

[☐] This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other inform	nation, enter ch	ange(s) here: (Attac	ch additional sheets	, if necessary.)
		_		
	<u></u>			
Effective date, if other than the date (Effective date cannot be prior to nor more State.) Note: If the date inserted in this block does	than 90 days after the spp	licable statutory filing		
be listed as the document's effective date of	on the Department	of State's records.		
Signature(s) of a general partner	or all general	partners*:		
*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability".	ership" election sta ty limited partners	itement. Chapter 620.	F.S., requires all gen	thip is adding or teral partners to sign
Bell Porch Grand Parton				·
Signature(s) of all new or dissocia	iting general p	artner(s), if any:		
1-11-11				
				
Filing Fee:	S52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			