¥97000001803

(Requestor's Name)	
(Address)	90
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



90032806300

10/01/19--01018--013 🗼

- (BIDDESEDEED) 94/25/19--01009--002

h.TT



May 7, 2019

STUART D MARR 560 OCEAN CAY KEY LARGO, FL 33037

SUBJECT: MARR 95 FAMILY, LTD.

Ref. Number: A97000001803

We have received your document for MARR 95 FAMILY, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form and fee submitted are for a General Partnership to file amendment. But your entity is a Limited partnersip. The correct form to file amendment for a limited partnership is enclosed and as the fee to file this form is \$52.50 an additional fee of \$27.50 is due.

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) 245-6050.

Rebekah White Regulatory Specialist III

Letter Number: 619A00009152

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Marv 95 Fam. ly LTD Name of Florida Limited Partnership or Limited Liability Limited Partnership				
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:				
Neal Steen Contact Person				
Marr 95 Family LTD Firm/Company				
Po Goy 370872				
Key Largo FL 33037 City, State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (305) 394-1421 Area Code and Daytime Telephone Number				
Enclosed is a check for the following amount: 27.50 per letter				
☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certified Copy and Certificate of Status ☐ \$105.00 Filing Fee ☐ \$113.75 Filing Fee. 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 Tallahassee, FL 32314				
2001 Executive Center Chete				
Tallahassee, FL 32301				

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2019 007 -

marr 95 f	with Florida Department of State
Insert name currently on file	with Florida Department of State
Pursuant to the provisions of section 620.1202, Florinited liability limited partnership, whose certific $\frac{\hat{y}/2I/97}{\text{adopts}}$, assigned Floring adopts the following certificate of amendment to in	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited partnership or limited liability limited partn
here:	
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	nip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office address, <u>enter new mailing address ε</u>
New Principal Office Address: (Musi be STREET address)	
New Mailing Address: (May be post office box)	PU BOX 370872. Key harro, FC 33037
C. If amending the registered agent and/or registered agent and/or the new registered offi	tered office address on our records, enter the namice 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, am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered A

D. If amending the general partner(s), enter the name and business address of each general partner added or removed from our records:

added of temperature			
<u>Title</u> Name		<u>Address</u>	Type of Action
General Tren	Macr	Mosticelle, F.	Add Remove
General Portner St	vart Muor Inc	Ney Lurgo	
			77037 □ Add □ Remove
			☐ Add☐ Remove
			☐ Add ☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited ! 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 ame

Page 2 of 3

Company Closed - Sole owner Stuart D. Marr deceased

See attacked death co-tificate.

F. If amending any other information, enter chang	
Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 days after th	he date this document is filed by the Florida Departmen
State.) Note: If the date inserted in this block does not meet the applicate be listed as the document's effective date on the Department of	able statutory filing requirements, this date will not State's records.
Signature(s) of a general partner or all general pa	
(*NOTE: Only one current general partner is required to sign tremoving a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership".	ment. Chapter 020, r.a., requires an general parasers :
TrentMair	hat Man
Signature(s) of all new or dissociating general par	rtner(s), if anv:
Trant Mari	Tret Man
Ci st as	ourser decessed
Stuat Mapy Inc	OW NEW_decerped
Filing Fee: \$52.50	