A9700000 1952

(Requestor's Name)
(Address)
(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

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COVER LETTER

Registration Section Division of Corporations

TO:

Division of C	orporations	$\overline{}$,\
SUBJECT:	Joramo	farmers.	115
		nership or Limited Liability	Limited Partnership
The enclosed Certific	ate of Amendment an	d fee(s) are submitted (for filing.
Please return all corre	espondence concernin	g this matter to:	
Randy	Contagt Person		
4611 S. V	Firm/Company niversity Address	5	e, 313
Davie,	F3 ity. State and Zip Code	3328	
randy north r. E-mail address: (to	ealtor of object of the desired of the desired for future annual of	gmail. COV	,
	on concerning this ma	•	- 0
Kandy No	r-Hh	at (954) 4	83-0907
Name of Contac	t Person	Area Code and Dayt	ime Telephone Number
Enclosed is a check f	or the following amou	unt:	
\$52.50 Filing Fee	☐S61.25 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 Addre Registration S Division of C The Centre o 2415 N. Mon Tallahassee,	Section Corporations f Tallahassee roe Street, Suite 810



FLORIDA DEPARTMENT OF STATE Division of Corporations

: 4

March 3, 2020

RANDY NORTH 4611 S. UNIVERSITY DRIVE SUITE 313 DAVIE, FL 33028

SUBJECT: JORAMO PARTNERS, LTD.

Ref. Number: A9700001952

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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Letter Number: 820A00004714

CERTIFICATE OF AMENDMENT

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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>	Type of Action

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 infor	mation, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
		
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Effective date, if other than the date (Effective date cannot be prior to nor mor State.)	e of filing; e than 90 days afte	er the date this document is filed by the Florida Department of
·		plicable statutory filing requirements, this date will not of State's records.
Signature(s) of a general partner	or all general	partners*:
	ership" election sta	gn this document unless the limited partnership is adding or atement. Chapter 620, F.S., requires all general partners to sign ship" election statement.)
A prosident	Jorgus Inc.	·
Signature(s) of all new or dissoci	ating general p	partner(s), if any:
	 	
Filing Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	