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SEERETARY OF STATE DIVISION OF CORPORATIONS

MAY 3 0 2013 T. HAMPTON

COVER LETTER

| TO: Registration S Division of C | | | | |
|--|---|--|---|--|
| SUBJECT: G.O. Johnson Fumily Limited Partnership Name of Florida Limited Partnership or Limited Liability Limited Partnership | | | | |
| The enclosed Certific | cate of Amendment an | nd fee(s) are submitted t | for filing. | |
| Please return all com | espondence concernin | g this matter to: | | |
| Sonia Jo | | | | |
| | Contact Person | | | |
| Firm/Company | | | | |
| 3912 FIOTH | Address | | | |
| Address Pariama City FL 32465 City, State and Zip Code SonPssool & Commast, No-1 | | | | |
| 100000000 | City, State and Zip Code | -i | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Sonia | Jones | at (850) 79 | 85-3523 | |
| Name of Conta | ct Person | Area Code and Dayt | ime 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 | |
| STREET ADDRESS: | | MAILING A | | |
| Registration Section | | Registration S | | |
| Division of Corporations Clifton Building | | Division of Corporations P. O. Box 6327 | | |
| 2661 Executive Cen | ter Circle | Tallahassee, | - : | |
| Tallahassee FL 323 | 801 | | | |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| G.O. Johnso Insert name curre | 11 Fam ntly on file with | ily Limin a Florida Departmen | at of State | artnershi, | <i>:</i>) |
|---|--------------------------------|---------------------------------------|--|--------------------------------|-------------------------|
| Pursuant to the provisions of section 620. limited liability limited partnership, whos Dec 30, 1997, assign adopts the following certificate of amenda | se certificate gned Florida | was filed with the document number | ne Florida I er <u>A 9 7</u> | Department of Sta 00001 289 | ite on |
| This amendment is submitted to amend the fol | llowing: | • | , | | |
| A. If amending name, <u>enter the new name</u> <u>here</u> : | of the limite | d partnership or | limited lial | bility limited part | <u>nership</u> |
| New name must be d | listinguishable a | nd contain an accep | ptable suffix. | | |
| Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership | | | | L.L.L.P. or LLLP. | |
| B. If amending mailing address and/or principal office address here: | r principal o | ffice address, <u>e</u> | nter new f | . | ind/or SE |
| New Principal Office Addr | ess: | | | MAY | GRE. |
| (Must be STREET address) | | | | 29 | |
| New Mailing Address: (May be post office box) | | | | AM (0: 45 | OF STATE DRPORATIONS |
| C. If amending the registered agent and/o new registered agent and/or the new registe | | | our record | ls, <u>enter the name</u> | e of the |
| Name of New Registered Agent: | <u>Soni</u> | a Jones | | | |
| New Registered Office Address: | 3422 | Florida F Enter Florida | Ve street addr | PCC | |
| | Panar | A . i | | 32405 | |
| | | ity | , FIONGA | 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.

Jour Jour 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> | Address <u>T</u> | vpe of Action | |
|--------------|-----------------|--|--------------------|--|
| GP | Grady O Johnson | 3422 Florida Lve Panuma City, FL32405 | Add D Remove D | ue. 10 eath |
| <u>GP</u> | Sonia Jones | 3422 Florida Ave Panama City EL 3240 | Add ☐ Remove | |
| GP | Ingrid Ruchesky | 2550 Jenks Ave Panama City FL 32405 | SVAdd ☐ Remove | |
| | | | Add Remove | nivision. |
| <u></u> | | | ☐ Add So Remove | 05 CONTROL AND |
| | | | □ Add ← □ Remove □ | Z) SIATE CRATIONS |

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

| u | This Limited Partne | ership hereby elects to b | e 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 char | ige(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 to State.) | the date this document is filed by the Florida Department of |
| Signature(s) of a general partner or all general pa | artners*: |
| (*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnershi | ment. Chapter 620, F.S., requires all general partners to sign |
| Sour Jones | |
| x Sprolley | |
| | |
| Signature(s) of all new or dissociating general par | rtner(s), if any: |
| Soura Jane 1 | |
| X Jaho Ch | |
| | <u> </u> |
| | SECRE VISION 3 MAY |
| Filing Fee: \$52.50 \rightarrow Certified Copy (optional): \$52.50 \text{Certificate of Status (optional): \$8.75} | TARY OF STORPOR |