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(Re	equestor's Name)	
(Ad	dress)	<u></u> .
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer;	
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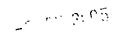
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JAN 1 ' 2021

## COVER LETTER

	Registration S Division of Co					
SUBJE	CT: Coxwell-F	Jolmes Family Limited P.	artnership			
	N'an	ne of Florida Limited Par	tnership or L	imited Lia	ability l	imited Partnership
The enc	losed Certific	ate of Amendment ar	nd fee(s) ai	re submi	tted fo	or filing.
Please r	eturn all corre	spondence concernir	ng this mat	ter to:		
Bradley I	F. White, Esq.					
		Contact Person				
WhiteBir	rd, PLLC		_			
		Firm/Company				
730 E. St	rawbridge Aven	ue. Suite 209				
		Address				
Melbour	ne, Fl. 32901					
	Ci	ty, State and Zip Code				
-	)whitebirdlaw.co					
E-n	nail address: (to l	be used for future annual	report notific	cation)		
For furt	her informatio	on concerning this ma	itter, pleas	e call:		
Bradley !	F. White, Esq.		at (	λ.	327-55	80
	Name of Contac	t Person				ne Telephone Number
Enclose	d is a check fo	or the following amor	unt:			
<b>S</b> \$52.5	0 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status		00 Filing F fied Copy		□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Registra Division P.O. Bo	Address: ation Section n of Corporati ox 6327 ssee, FL 3231			The Cen	tion So of Co tre of Monro	ection progrations Tallahassee pe Street, Suite 810

## CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP 5 - OF



Coxwell-Holmes Family Limited Partnership		
Insert name currently on	file with Florida D	epartment of State
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certiadopts the following certificate of amendment to	ficate was filed orida documen	with the Florida Department of State on t number
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the here:	limited partner	ship or limited liability limited partnership
Coxwell Family, LLLP		
New name must be distinguis	shable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner, Acceptable Limited Liability Limited Partnership suffixes.	: Limited Liability	Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ripal office add	ress, enter new mailing address and/or
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 agent and/or the new registered office a		ss on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
	City	, Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, Signatur	re 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:

Name	Address	Type of Action
		☐ Add ☐ Remove
		🖸 Add Remove
		☐ Add ☐ Remove
		☐ Add ☐ Remove
		_ □ Add □ Remove
		☐ Add ☐ Remove
	<u>Name</u>	

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 info	rmation, enter c	hange(s) here:	: (Attach add	itional sheets, if necessary.)
Section 5 of the Certificate of Limited Pa	artnership shall be	deleted in its en	tirety and repla	iced with the following:
"The latest date upon which the Limited	Partnership is to be	e dissolved is: E	Occember 31, 2	099,"
Effective date, if other than the da	te of filing:			
(Effective date cannot be prior to nor mo State.)	re than 90 days aft	er the date this	document is fit	ed by the Florida Department of
<b>Note:</b> If the date inserted in this block do be listed as the document's effective date				ements, this date will not
Signature(s) of a general partne	r or all general	partners*:		
(*NOTE: Only one current general partiremoving a "limited liability limited partiwhen adding or removing a "limited liability limited liab	nership" election st	tatement. Chap	ter 620, F.S., r	
		_L	10 U	4
Signature(s) of all new or dissoc	<u>iating general j</u>	partner(s), if	any:	
				, <u>,</u>
Filing Fee:	\$52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			