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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

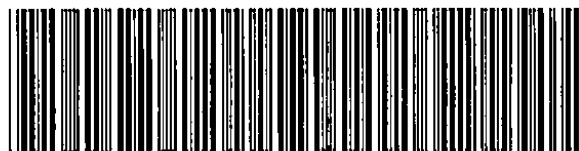
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 27 PM 2:47

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Amend

MAY 07 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matheison Family 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:

Cindy K. Matheison

Contact Person

Firm/Company

155 Sohier Street

Address

Cohasset, Massachusetts 02025

City, State and Zip Code

maxindi@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Charles Wohlust

at (407) 644-3206

Name of Contact Person

Area Code and Daytime 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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020-11-27 PM 5

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Matheson Family Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on March 11, 1998, assigned Florida document number A9800000667, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

155 Sohler Street

Cohasset, Massachusetts 02025

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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 am familiar with and accept the obligations of my position as 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:

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

- (NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.**

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Due to the death of the sole General Partner, ROBERT K. MATHEISON, all of the remaining Limited Partners,

CINDY K. MATHEISON, MOLLY M. SIDWELL, and ROBERT A. MATHEISON, pursuant to the terms of the Limited Partnership Agreement, have elected CINDY K. MATHEISON, MOLLY M. SIDWELL, and ROBERT A. MATHEISON as the three (3) General Partners.



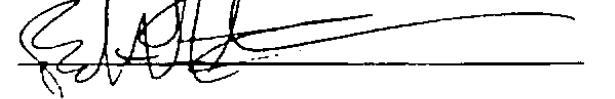
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S , requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Signature(s) of all new or dissociating general partner(s), if any:

CINDY K. MATHEISON

MOLLY M. SIDWELL

ROBERT A. MATHEISON

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75