PAG8000001028

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

SEP 14 2011

COVER LETTER

Division of	Section Corporations					
			L(M(TE) or Limited Liability L			2
The enclosed Certif	icate of Amend	ment and fee(s) are submitted fo	r filing.		
Please return all cor	respondence co	ncerning this r	natter to:			
Amy L.	Kenner, CLA,					
Gru	nder & Pettew	av P A				
Gra	Firm/Company					
2334	9 NW CR 236				d 2	
	Address	, Suite 10			SEC SEC	
	71441033				AH SE	***
<u> </u>	gh Springs, FL	32643			AST -	"?
(City, State and Zip	Code			755 2	
tili	manacres@ad	ol.com			DITSEP 12 PH 1:40 SECRETARY OF STATE ALLAHASSEE, FLORID	hima laum may
E-mail address: (to		=	tification)			Į
·		•	•			
For further informat	ion concerning	this matter al	aga galli			
Tor further informat	ion concerning	uns mauer, pre	ase can.			
Amy L	Kenner	at (_	386 _)	454-1298		
Name of Conta	ct Person	Ā	rea Code and Daytim	e Telephone Numb	per	
Enclosed is a check	for the followin	g amount:				
\$52.50 Filing Fee	\$61.25 Filing and Certificate of Status			\$113.75 Filing F Certified Copy, and Certificate of Status	d	
STREET ADDRES	S :		MAILING AD	DRESS:		
Registration Section			Registration Sec			
Division of Corporat			Division of Cor			
Clifton Building			P. O. Box 6327			
2661 Executive Cent	ter Circle		Tallahassee, FL	32314		
Tallahassee, FL 323	01		·			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		imited Partnersh with Florida Department		
Pursuant to the provisions of section 620.1 limited liability limited partnership, whose 4/23/1998, assign adopts the following certificate of amendments.	e certifica ned Flori	ite was filed with the da document number	Florida De A9	epartment of State on 98000001028,
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name here:	of the lin	nited partnership or lin	mited liabi	lity limited partnership
New name must be dis	stinguishal	ole and contain an accepta	ble suffix.	
Acceptable Limited Partnership suffixes: Limited F Acceptable Limited Liability Limited Partnership s	Partnership uffixes: Li	o, Limited, L.P., LP, or Ltc mited Liability Limited Pa	d. ertnership, L	.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	princips	al office address, <u>ent</u>	er new ma	uiling address and/or
New Principal Office Addre	SS:			281
(Must be STREET address)	-	<u> </u>		
New Mailing Address: (May be post office box)	- - -			P 12 PH 1:1
C. If amending the registered agent and/or new registered agent and/or the new register	r register ed office	ed office address on o address here:	ur records	5m 5
Name of New Registered Agent:	Amy Ti	llman		
New Registered Office Address:	125 NE	Santa Fe Blvd.		
		Enter Florida st		4
		High Springs City	_, Florida	32643 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 myduties, 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
<u>GP</u>	Floyd E. Tillman	1705 SE Palm Ave. High Springs, FL 32643	Add _ ✓ Remove
<u>GP</u>	Lucille P. Tillman	1705 SE Palm Ave. High Springs, FL 32643	_ Add _ ☑Remove
<u>GP</u>	Tillman Family, LLC	125 NE Santa Fe Blvd. High Springs. FL 32643	
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			_ Add _ Remove
			Add Remove
E. If the limited	partnership or limited liabilit	ry limited partnership is amen	ding 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. It amending any other information, enter chai	nge(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of filing:	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 emoving a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnership".	ement. Chapter 620, F.S., requires all general partners to sign
trus Jelman	Jeressa Wooden for
Oarelyn tellina	her extorny in fact
Dianne Tillman	
Marian Domlesson	
ignature(s) of all new or dissociating general par	rtner(s), if any:
Floyd & Jellme A.	Dianne Jillman
Luciele P. Tellmor	Marian Domlinson
Iny Seltinan	Deresea Wooden by Alayd E.
Carolin allma	her attorny in fact
Filing Fee: \$52.50	Zi SE TALL
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	TI SE
· -	TARY ASSE
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