# A48000001793

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SECRETARY OF STATE DIVISION OF CORPORATION

M. MILLIGAN NAY 31 2017

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2017

FREDERICK J. SCHMIDT C/O CORNERSTONE REALTY, INC 8233 GATOR LANE, STE 18 WEST PALM BEACH, FL 33411

SUBJECT: J & J SCHMIDT FAMILY LIMITED PARTNERSHIP

Ref. Number: A98000001793

We have received your document for J & J SCHMIDT FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 117A00009819

Michelle! Jeanne T. Schmidt is Deceased AND Shaon now on Page 2.

Thank you!

SBITHAY 26 STUNETY SECTION

#### **COVER LETTER**

	Division of Corporations					
	SUBJECT: J & J Schmidt Family Limited Partnership  Name of Florida Limited Partnership or Limited Liability Limited Partnership					Partnership
	The enclosed Certificate of Amendment and fee(s) are submitted for filing.					•
	Please return all correspondence concerning this matter to:					
	Frederick J. Schmidt					
	Contact Person					
	c/o Cornerstone Realty, Inc					
		823	3 Gator Lane, Suite	18		
	Address					
	West Palm Beach, FL 33411					
		_	City, State and Zip Code			
<b>%</b> .	1	Fisa	<b>₩</b> @cri-re.com			
V	E-	mail address: (t	o be used for future annua	report not	ification)	
	For fu	rther informa	tion concerning this m	atter, ple	ase call:	
			k J. Schmidt	at (		793-9810
		Name of Conf	act Person	Aı	ea Code and Da	sytime Telephone Number
	Enclosed is a check for the following amount:					
	<b>552.</b>	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Filing Fee rtified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
	Registr Division Clifton 2661 E	ET ADDRE ration Section on of Corpora Building Executive Cen assee, FL 32	tions		Registration of P. O. Box 6	Corporations
						· ·

### CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP OF

## J & & Schmidt Family Limited Partnership Insert name currently on file with Florida Department of State

limited liability limited partnership, whose certifi	lorida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document number A98000001793, its certificate of limited partnership
adopa are following settineare of amonamout to	is of allowe of inition partitions.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the l</u> here:	imited partnership or limited liability limited partnership
New name must be distinguish	nable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners) Acceptable Limited Liability Limited Partnership suffixes: I	hip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office address, 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 registened agent and/or the new registered offic	ered office address on our records, enter the name of the see address here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	CITED A 101 SION DEL 600 MINISTERIO
***************************************	, Florida
	City Zin 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.

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	Type of Action
		Jeanne T. Schmidt Deceased	1251 Crown Point Wellington, FL 33414	Add Remove
				Add Remove
				_ Add _ Remove
		· .		_ Add _ Remove
				_ Add _ Remove
				Add Remove
	ed partnership	artnership or limited liability " status, enter change here: Partnership hereby elects to be		·
This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.				
(NOT	E: If adding or i	removing" limited liability limited pa	rtnership" status, all general partne	rs must sign this amendment.)

F. If amending any other info	rmation, enter change	(s) here: (Attach additiona	l sheets, if necessary.)
Paragraph 6 of the Certificate of	of Limited Partnersh	ip is amended to read	
The latest date upon which the	limited partnership	is to be dissolved and	its affairs
wound up will be July 1, 2048.			,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
<del></del>			
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filing: re than 90 days after the	date this document is filed by	the Florida Department of
Signature(s) of a general partner  (*NOTE: Only one current general partner removing a "limited liability limited part when adding or removing a "limited liability  (*NOTE: Only one current general partner removing a "limited liability limited li	ner is required to sign this nership" election statemer ility limited partnership"	document unless the limited nt. Chapter 620, F.S., require	
Frederich J. Elmis Greneral Fortage	5/8/17		
	<del></del>		
Signature(s) of all new or dissoci	iating general partn	er(s), if any:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		DIVISION O