

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H11000001125 3)))



H110000011253ABCL

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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
 Account Number : 076666003611
 Phone : (941) 748-0100
 Fax Number : (941) 745-2093

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
 HUXTED LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

RECEIVED
 11 JAN -3 PM 2:55
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1/3/2011
 B. BOSTICK
 JAN 7 2011
 EXAMINER

(((H11000001125 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUXTED LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRENT T. HOARD, ESQ.

Contact Person

BLALOCK WALTERS, P.A.

Firm/Company

802 11TH STREET WEST

Address

BRADENTON, FLORIDA 34205

City, State and Zip Code

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

For further information concerning this matter, please call:

BRENT T. HOARD, ESQ.

Name of Contact Person

at (941)

748-0100

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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01/06/2011 11:34 FAX 8417442448

BLALOCK WALTERS

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

HUXTED 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 DECEMBER 14, 1998, assigned Florida document number A98000002748 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:

DRK FAMILY LIMITED PARTNERSHIP

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)

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

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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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.)

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F. If amending any other information, enter change(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 the date this document is filed by the Florida Department of State.)

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, P.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

HUXTER, L.L.C.

By: _____

Carol Wilson, Manager

L98000003170

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

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

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PAGE 02/05

01/06/2011 11:33 FAX 8417442448
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002/006

1/5/2011 7:22:22 AM PAGE 1/001 Fax Server



January 4, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BRENT T. HOARD, ESQ.
BLALOCK WALTER, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205

SUBJECT: HUKTED LIMITED PARTNERSHIP
REF: A98000002748

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H11000001125
Letter Number: 411A00000237

P.O. BOX 6327 - Tallahassee, Florida 32314

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