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COVER LETTER

TO: Registration Division of C			
SUBJECT:	BEATRICE	して <mark>ひ。</mark> rtnership or Limited Liabilit	
Na	me of Florida Limited Pa	rtnership or Limited Liabilit	y Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.
Please return all corn	espondence concerni	ng this matter to:	
M	ARLENE HAL		
	Contact Person		
	BEATRICE, LT	\mathcal{D}	
-	Firm/Company		
,	714 APOLLOS	BEACH BLIDS	
	Address	och chi wcvp.	
AF	OLLO BEACH, City, State and Zip Code	Fi 33512.	
(City, State and Zip Code	- 700	
E-mail address: (to	enchallegn be used for future amual	report notification)	
For further informati	on concerning this m	atter, please call:	
MARLENE	HALL	_at (813)64	45-6985
Name of Conta	ct Person	Area Code and Dayt	ime Telephone Number
Enclosed is a check	for the following amo	unt:	
S \$52.50 Filing Fee		☐\$105.00 Filing Fee and Certified Copy	
Mailing Address:		Street Addre	≈s:
Registration Section		Registration	Section
Division of Corporat	ions	Division of C	•
P.O. Box 6327	14		f Tallahassee
Tallahassee, FL 3231	14	2415 N. Mon Tallahassee,	troe Street, Suite 810
		i ananassee.	FL 343U3

CERTIFICATE OF AMENDMENT

CERT	TO FIGATE OF LIMITED PAR	RTNERSHIP 2024 J Z Filila	
CERT	OF	2024 J & File 12	
oxdots	ATRICE, LTD.		
Insert na	me currently on file with Florida Dep	partment of State	
limited liability limited partnership	o, whose certificate was filed w _, assigned Florida document r	this Florida limited partnership or with the Florida Department of State or number <u>A 99000000000</u> f limited partnership.	n ,
This amendment is submitted to amen	d the following:		
A. If amending name, enter the ne	w name of the limited partnersh	hip or limited liability limited partnersh	qir

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 name must be distinguishable and contain an acceptable suffix.

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	a street address
		, Florida
	City	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 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
in Charleting Registered Agent,	Signature of Lien Perincien Witch

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>	Name	Address	Type of Action
Generh	PARTNER	RICHARD W. HALL JA.	266 MARTIN RIDGE DR. S.W. MARIETTA, GA 3006	_ □ Add □ Remove
				_ □ Add □ Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
				_ ☐ Add _ ☐ Remove
E. If limite	the limited pa d partnership	ertnership or limited liability " status, enter change here:	limited partnership is amend	ling its "limited liability
0	This Limited F	Partnership hereby elects to be	a "Limited Liability Limited Pa	rtnership."
0	This Limited I	Partnership hereby removes its	"Limited Liability Limited Part	nership" status.
(NOTE			urtnership" status, all general partner	

T. If amending any other inter-	manon, enter change	e(s) here: (Attach additional sheets, if neces.	sary.)
	· <u></u>		
Differentiate data of the state	C (2):		
Effective date, if other than the date (Effective date cannot be prior to nor more State.)	e of filing: e than 90 days after the	date this document is filed by the Florida Depar	riment of
	es not meet the applicables on the Department of St	le statutory filing requirements, this date will not tate's records.	t
Signature(s) of a general partner	or all general part	tners*·	
(*NOTE: Only one current general partner	er is required to sign this ership" election stateme	s document unless the limited partnership is addent. Chapter 620, F.S., requires all general partnership	ing or ers to sig
France C. Hall, G.			
	′		
Signature(s) of all new or dissocia	nting general partn	er(s), if any:	
Thereby 41 Ha			
Kent W ffe			
			
			
	\$52.50 \$52.50		
Certificate of Status (optional):	\$52.50 \$8.75		

X