A9900000514

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

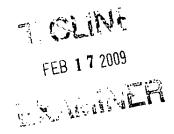
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SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2009

CLARENCE D. BAIN, III P.O. BOX 51285 SARASOTA, FL 34232-0331

SUBJECT: BOWLES FARM LIMITED PARTNERSHIP

Ref. Number: A9900000514

We have received your document for BOWLES FARM LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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 (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 109A00003474

COVER LETTER

TO:	Registration Division of C					
SUBJ		Bowles FARM me of Florida Limited Par				
The e	nclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.	
Please	e return all corr	respondence concerni	ng this r	natter to:		
	Claren	(Contact Person)				
**********	BOWLES !	FARM LIMITED (Firm/Company)	PAR	<u>८१ मध्यक्रम</u>		
	P.O. Box	S1295 (Address)	· · · · · ·	······································		
	SARASO	TA , FLORIDA	342	32-0331		
		City, State and Zip Code)				
For fu	rther informati	on concerning this m	atter, pl	ease call:	P ()	
ے	いいていいと	BAIN	at (941) 3	12 - 4748	magai
	(Name of Cont			(Area Code and D	aytime Telephone Number)	
Enclo	sed is a check	for the following amo	unt:		16 AM	
\$52	.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status		05.00 Filing Fee ertified Copy	Certified Copy, and Certificate of Status	e mar

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	IRM LIMITED PAR		
(Insert name curre	ently on file with Florida Depart	ment of State)	
Pursuant to the provisions of section 620 limited liability limited partnership, who wareh 25, 199, assi adopts the following certificate of amend	se certificate was filed with gned Florida document nur	the Florida Department of Stanber <u>A 99 000 000 514</u>	
This amendment is submitted to amend the fo	llowing:		
A. If amending name, <u>enter the new nam</u> here:	e of the limited partnership	or limited liability limited part	nership
(New name must be d	istinguishable and contain an a	acceptable suffix.)	.
Acceptable Limited Partnership suffixes: Limitea Acceptable Limited Liability Limited Partnership			
B. If amending mailing address and/o principal office address here:	r principal office address	enter new mailing address a	nd/or
New Principal Office Adda (Must be STREET address)		A FLORIDA	
New Mailing Address: (May be post office box)		8: 45 STATE LORIDA	الريك
C. If amending the registered agent and/new registered agent and/or the new regist		on our records, <u>enter the name</u>	of the
Name of New Registered Agent:	CLARENCE D	. BAIH, 111	
New Registered Office Address:		H FARMS BLVD.	
	,	rida street address)	
•	SATZASOTA (City)	, Florida <u>34240</u> (Zip Code)	
		` •	

New Registered Agent's Signature, if changing Registered Agent:

comply with th	nt the appointment as registered age te provisions of all statutes relative th and accept the obligations of my	to the proper and complete perfo	
•		Cara	u'
		(If Changing Registered Agent, Sign	nature of New Registered Agent)
	ng the general partner(s), enter the wed from our records:	name and business address of	each general partner being
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
GENERAL	PARTHER: ONEIDA B. BA	SARASOTA, FL.	Add Remove
	PARTHER' CLARLENCE D. BA	SARZASOTA, FL 34240	- Remove
CERROL	PARTHER: CLARENCE DREVICEAGE TRUST DATED DECEMBER -ZOOM. "	5ARASTIA, FL	- FO A
	by the l by the l by the l	TWST AS GEVERAL	_ □ Add ⇔ □ Remover
			□ Add □ □ Remove
	ited partnership or limited liabili ership" status, enter change here:	· · · · · ·	nding its "limited liability
This Lin	mited Partnership hereby elects to b	e a "Limited Liability Limited P	artnership."
☐ This Lin	mited Partnership hereby removes i	ts "Limited Liability Limited Pa	rtnership" status.

(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 addition	aal sheets, if necessary.)
	
•	
P .	
Effective date, if other than the date of filing:	of DATE OF FIND G filed by the Florida Department of
Signature(s) of a general partner or all general partners*:	
(*NOTE: Only one current general partner is required to sign this document unless the removing a "limited liability limited partnership" election statement. Chapter 620, F.S., when adding or removing a "limited liability limited partnership" election statement.)	limited partnership is adding or requires all general partners to sign
Cabrall GENERAL PARTHER	
·	2009 SEC
• •	RETA AHA
	RY OIL
Signature(s) of all new or dissociating general partner(s), if any:	1 8: 45 STATE FLORIDA
Cas Ball GENERAL PARTHER	
Orvida B. Bain.	
Clam D. Barn Ja	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	