

A9900000/376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

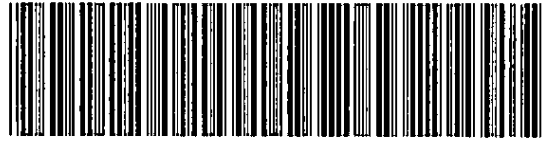
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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APR 29 2019

2019 APR 29 A 3:28  
TALLAHASSEE, FLORIDA

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D SCOTT

MAY 10 2019

*O'Neill & Sasso, P.A.*

*Attorneys-at-Law*

*4020 Del Prado Boulevard, South, Suite A1*

*Cape Coral, Florida 33904*

*Phone: 239-542-1355 / 239-567-9422 / Fax: 239-542-2892*

*john@OneillandSasso.com*

John E. O'Neill, Esq.

Fein #:27-4829785

April 24, 2018

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

**RE: T.C. Welch Limited Partnership**

Dear Sir/Madam:

Please file the enclosed Certificate of Amendment to Certificate of Limited Partnership of T.C. Welch Limited Partnership, along with my firm's check in the amount of \$61.25 to file same and provide a Certificate of Status.

I have included an additional copy which I ask you to date stamp and return in the enclosed prepaid return envelope.

Should you have any questions, please feel free to contact me.

Very truly yours,

  
John E. O'Neill

Enclosures

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2018 APR 29 A 3:28  
TALLAHASSEE, FL 32301

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T. C. WELCH LIMITED PARTNERSHIP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

John E. O'Neill

Contact Person

O'Neill & Sasso, PA

Firm/Company

4020 Del Prado Blvd., S., Ste. A1

Address

Cape Coral, Florida 33904

City, State and Zip Code

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

For further information concerning this matter, please call:

John E. O'Neill

at ( 239 ) 542-1355

Name of Contact Person

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

FILED  
2013 APR 29 A 3:28  
TALLAHASSEE, FL 32304

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

T. C. WELCH 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 \_\_\_\_\_, assigned Florida document number A99000001376, 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:**

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.P., or LP.*

**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*

**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>
<u>GP</u>	<u>THOMAS C. WELCH</u>	<u>4862 Conover Court</u> <u>Ft. Myers, Florida 33908-2001</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>DIANE M. WELCH</u>	<u>4862 Conover Court</u> <u>Ft. Myers, Florida 33908-2001</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>BRADLY T. WELCH</u>	<u>6150 Industry Ave.</u> <u>Ft. Myers, Florida 33905</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GP</u>	<u>SHELLY D. WELCH n/k/a</u>	<u>SHELLY D. GELARDI</u> <u>7701 Knightwing Circle</u> <u>Ft. Myers, Florida 33912</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> 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.)**

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

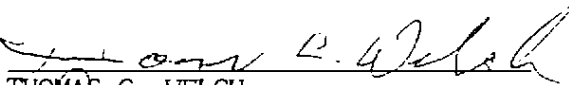
Effective date, if other than the date of filing: \_\_\_\_\_

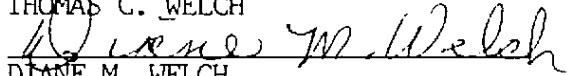
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

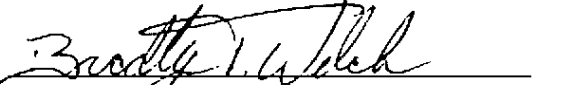
**Signature(s) of a general partner or all general partners\*:**

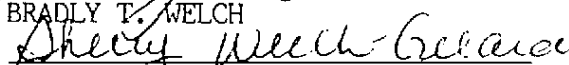
(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

  
THOMAS C. WELCH

  
DIANE M. WELCH

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

  
BRADLY T. WELCH

  
SHELLY D. WELCH n/k/a SHELLY D. GELARDI

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