

A99000001768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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**A. LUNT**

MAR 25 2010

**EXAMINER**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Peek Family 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:

Albert Peek  
Contact Person

Firm/Company

PO Box 3988  
Address

Ocala, FL 34478  
City, State and Zip Code

albert@ocaladevelopment.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Albert Peek at ( 352 ) 732-5255  
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

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

**Peek Family 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 October 20, 1999, assigned Florida document number A99000001768, 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.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:

Albert Peek

New Registered Office Address:

16 SE Broadway Street

*Enter Florida street address*

Ocala

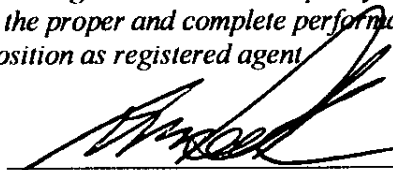
*City*

, Florida 34471

*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>Albert Peek, Inc</u>      | <u>16 SE Broadway Street</u><br><u>Ocala, FL 34471</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| _____        | <u>Peek Investments, LLC</u> | <u>PO Box 3988</u><br><u>Ocala, FL 34478</u>           | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____                        | <u>LOI-18630</u>                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                        | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                        | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                        | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                        | _____  | <input type="checkbox"/> Add<br><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.)**

1

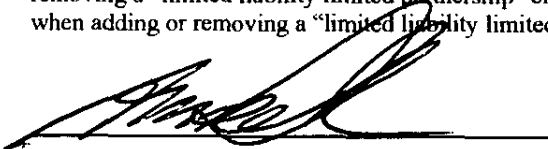
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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.)*

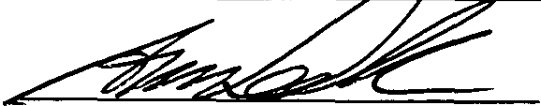
**Signature(s) of a general partner or all general partners\*:**

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



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STATE DEPARTMENT OF REVENUE

**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