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| (Re                     | equestor's Name)   |             |
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APPROVED AND FILED

## CLAIRE A. DUCHEMIN, P.A.

Attorneys and Counselors at Law 1615 Village Square Blvd., Suite #7 Tallahassee. Florida 32309 Telephone - (850) 270-9870 Website: <a href="www.attorneyclaire.com">www.attorneyclaire.com</a> Email: <a href="mailto:claire@attorneyclaire.com">claire@attorneyclaire.com</a>

February 12, 2022

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

To Whom it Concerns:

Enclosed is a cover letter, certificate of amendment to limited partnership certificate and my firm's check for \$52.50 for the filing fee. Please file the amendment, and let us know if anything else is needed. Since we are here in Tallahassee, we can hand deliver anything else you might need to make sure this filing is complete and compliant. The gist of the amendment is on the last page of the enclosure.

Thank you.

Sincerely,

Claire A. Duchemin

CAD/cd Enclosures

### **COVER LETTER**

| TO: Registration S<br>Division of C |   |  |   |
|-------------------------------------|---|--|---|
| SUBJECT: POTTER                     | FAMILY PARTNERSH  | IP#1, LTD.                                 |   |
|                                     | me of Florida Limited Par   | tnership or Limited Liabilit               | y Limited Partnership   |
| The enclosed Certific               | cate of Amendment a   | nd fee(s) are submitted                    | for filing.   |
| Please return all corr              | espondence concernii  | ng this matter to:                         |   |
| Claire A. Duchemin                  |   |  |   |
| ·                                   | Contact Person  |  |   |
| Claire A. Duchemin, P.A             | ١.  |  |   |
|                                     | Firm/Company  |  |   |
| 1615 Village Square Blv             | d., Suite #7  |  |   |
|                                     | Address   |  |   |
| Tallahassee, Florida 323            | 09  |  |   |
| C                                   | City, State and Zip Code  |  |   |
| claire@attomeyclaire.co             | om  |  |   |
| E-mail address: (to                 | be used for future annual   | report notification)                       |   |
| For further informati               | on concerning this ma   | atter, please call:                        |   |
| Claire A. Duchemin                  |   | at ( <sup>850</sup> ) <sup>270-9</sup>     | 9870  |
| Name of Contac                      | et Person   | \  | time Telephone Number   |
| Enclosed is a check t               | for the following amo   | unt:                                       |   |
| \$52,50 Filing Fee                  | ☐\$61.25 Filing Fee<br>and Certificate of<br>Status   | □\$105.00 Filing Fee<br>and Certified Copy | ☐\$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| Mailing Address:                    |   | Street Addr                                |   |
| Registration Section                |   |  |   |
| P.O. Box 6327                       | vision of Corporations  Division of Corporations  Division of Corporations  The Centre of Tallahassee |  |   |
| Tallahassee, FL 32314               |   |  | rroe Street, Suite 810  |
| ·                                   |   | Tallahassee,                               | FL 32303  |

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| POTTER FAMILY PARTNERSHIP #1, LTD.  |  |                             |
|---|--|-----------------------------|
| lnsert name currently on fi   | lle with Florida Department of State   |                             |
| Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif November 2, 1999 assigned Flo      |  | Department of State on      |
| adopts the following certificate of amendment to  |  |                             |
| This amendment is submitted to amend the following:   |  |                             |
| A. If amending name, enter the new name of the here:  | limited partnership or limited lia     | ability limited partnership |
| New name must be distinguis   | hable and contain an acceptable suffix | ζ.                          |
| Acceptable Limited Partnership suffixes: Limited Partners<br>Acceptable Limited Liability Limited Partnership suffixes:                 |  | o, L.L.L.P. or LLLP.        |
| B. If amending mailing address and/or princi<br>principal office address here:  | pal office address, <u>enter new</u>   | mailing address and/or      |
| New Principal Office Address: (Must he STREET address)  |  |                             |
| New Mailing Address: (May be post office box)   |  |                             |
| C. If amending the registered agent and/or register registered agent and/or the new registered office ad  Name of New Registered Agent: |  | enter the name of the new   |
| New Registered Office Address:  | Enter Florida street add               | rose T                      |
|   |  |                             |
|   | , Florida                              |                             |
|   | City                                   | Zip Godë: 🛌 🗀 🖹             |

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

|             |                                   | If Changing Registered Ages | nt. Signature of New Register |
|-------------|-----------------------------------|-----------------------------|-------------------------------|
|             | the general partner(s), enter the | name and business addre     | ss of each general par        |
| or remove   | ed from our records:              |                             |                               |
| <u>itle</u> | <u>Name</u>                       | Address                     | Type of Action                |
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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

| 6. Term: The latest date on which the Partn    | ship is to dissolve shall be fifty (50) years after the filing of this amendment.  |
|--|--|
| Article I, Section 1.5 of the Limited Partners | p Agreement is amended to read as follows:   |
| 1.5 Term: The Partnership shall continue fo    | ifty (50) years after the date of the adoption of this amendment and the   |
| filing of it with the Florida Department of St | e, unless sooner terminated pursuant to the partnership agreement.   |
| State.)  | n 90 days after the date this document is filed by the Florida Department of meet the applicable statutory filing requirements, this date will not         |
|  | required to sign this document unless the limited partnership is adding or p" election statement. Chapter 620, F.S., requires all general partners to sign |
| Blitis E. Dalla                                |  |
|  |  |
| Signature(s) of all new or dissociati          | g general partner(s), if any:  |
|  |  |
|  |  |
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| 8  | .50<br>.50   |