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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H140001153273ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6383

9146139

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-9368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
C&M LOWE FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$52.50

RECEIVED
14 MAY 14 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 14 PM 4:15

FILED

T. Burch MAY 15 2014

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**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
C & M Lowe Family Limited Partnership

2. The jurisdiction of its formation is: Colorado

3. The date the entity was authorized to transact business in Florida is: 5/17/2005

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Michael L. Lowe, Trustee

10 Dodecanese Blvd.
Tarpon Springs, FL 34689

Michael L. Lowe, Trustee

10 Dodecanese Blvd.
Tarpon Springs, FL 34689

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: upon 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 of a general partner:

Michael Lowe

Typed or printed name:

Michael Lowe

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

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Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 05/14/2014 01:08 PM
ID Number: 19971199204
Document number: 20141303002
Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Certificate of Amendment to Certificate of Limited Partnership
filed pursuant to §7-90-301, et seq. and §7-62-202 of the Colorado Revised Statutes (C.R.S.)

- ID number: 19971199204
1. Entity name: C&M LOWE FAMILY LIMITED PARTNERSHIP
(If changing the name of the limited partnership, indicate name before the name change)
2. New Entity name:
(if applicable) _____
3. Use of Restricted Words *(If any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*
- | | |
|--|---|
| <input type="checkbox"/> "bank" or "trust" or any derivative thereof | <input type="checkbox"/> "savings and loan" |
| <input type="checkbox"/> "credit union" | <input type="checkbox"/> "insurance", "casualty", "mutual", or "surety" |
4. Other amendments, if any, are attached.
5. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

6. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

<u>Lowe</u>	<u>Michael</u>		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
<u>10 Dodecanese Blvd</u>			
<i>(Street name and number or Post Office Box information)</i>			
<u>Tarpon Springs</u>	<u>FL</u>	<u>34689</u>	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<u>United States</u>			
<i>(Province - if applicable)</i>	<i>(Country - if not US)</i>		

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(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

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05/14/2014 16:09

(FAX)

P.006/006

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To the Colorado Secretary of State:

Please remove Carol Lowe, as Trustee of the Carol Lowe Revocable Trust as a General Partner of C & M Lowe Family Limited Partnership, as she is now deceased. Please replace the name with Michael Lowe, as Trustee of the Carol Lowe Revocable Trust as General Partner.

Sincerely,

Michael Lowe

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