

BU500000215

(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:

Office Use Only



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2016 JUN -8 A 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NOT A VALID  
1. A FILING  
SUFFICIENCY OF FILING

16 JUN -8 PM 2:12

RECEIVED  
DEPARTMENT OF STATE

S Warren  
JUN 09 2016

CT

June 8, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 10041671 SO  
Customer Reference 1: Amendment  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

C & M Lowe Family Partnership (CO)  
Evidence of Amendment  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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

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. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B05000000215

2. The jurisdiction of its formation is: Colorado

3. The date the entity was authorized to transact business in Florida is: May 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 Lowe, Trustee

10 Dodecanese Blvd.

☐ Add

☒ Remove

Tarpon Springs, FL 34689

☐ Change

Victor W. Holcomb, Trustee

3203 W. Cypress St.

☒ Add

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Tampa, FL 33607

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CLERK OF THE  
FLORIDA

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:

Victor W. Holcomb

Typed or printed name:

Victor W. Holcomb

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



Document must be filed electronically.  
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](http://www.sos.state.co.us).

Colorado Secretary of State  
Date and Time: 06/03/2016 09:30 AM  
ID Number: 19971199204  
Document number: 20161390252  
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):*

- ☐ "bank" or "trust" or any derivative thereof  
☐ "credit union" ☐ "savings and loan"  
☐ "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:

Holcomb Victor W  
*(Last) (First) (Middle) (Suffix)*  
3203 W. Cypress St.  
*(Street name and number or Post Office Box information)*  
Tampa FL 33607  
*(City) (State) (Postal/Zip Code)*  
United States  
*(Province - if applicable) (Country - if not US)*

*(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.

To the Colorado Secretary of State:

Please remove Michael L. Lowe, as Trustee of the Michael L. Lowe Revocable Trust and as Trustee of the Carol Lowe Revocable Trust, as General Partners of C & M Lowe Family Limited Partnership, as he is now deceased. Please replace the name with Victor W. Holcomb, as Trustee of the Michael L. Lowe Revocable Trust and as Trustee of the Carol Lowe Revocable Trust, as General Partners.

Sincerely,

Victor W. Holcomb