

**B07000000279**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

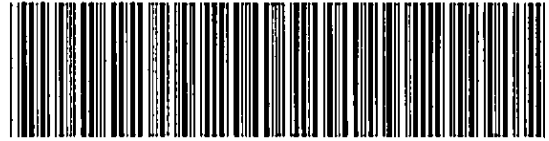
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(Document Number)

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PER: MS. GRAY M. SAMS

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2018 OCT -5 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

JLS  
10-6-18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2018

GARY M. SAMS  
P O BOX 190007  
ATLANTA, GA 31119US

SUBJECT: SAMS' FAMILY LIMITED PARTNERSHIP, LLLP

We have received your document for SAMS' FAMILY LIMITED PARTNERSHIP, LLLP. However, the document has not been filed and is being returned for the following:

Please select add, remove or change. For Gary M. Sams.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 818A00018488

2018 OCT -5 AM 10: 29

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sams' Family Limited Partnership L.L.P.  
\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gary M. Sams

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

P.O. Box 190007

\_\_\_\_\_  
Address

Atlanta, GA 31119

\_\_\_\_\_  
City, State and Zip Code

gsams@comcast.net

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

For further information concerning this matter, please call:

Gary M. Sams

404

839-0093

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

**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: Sams' Family Limited Partnership L.L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B07000000279

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 2007

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:

<u>Name:</u>	<u>Business Address:</u>	
<u>Gary M. Sams</u>	<u>P.O. Box 190007</u>	<input checked="" type="checkbox"/> Add
	<u>Atlanta, GA 31119</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>Josephine S. Maxwell</u>	<u>4344 W. Club Dr.</u>	<input checked="" type="checkbox"/> Add
	<u>Atlanta, GA 30319</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>Wesley S. Sams</u>	<u>2969 Sturbridge Rd.</u>	<input checked="" type="checkbox"/> Add
	<u>Mt. Pleasant, SC 29466</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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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: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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 of a general partner:

Gary M. Sams

Typed or printed name:

Gary M. Sams

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

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