

B 22 000000 559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

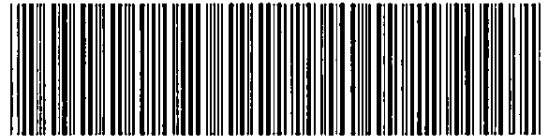
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400423408164

02/12/24--01020--006 \*\*35.00

05/09/24--01004--020 \*\*17.50

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2024 APR 29 PM 12:11

CLERK OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2024

FREDA SMITH  
PFC FAMILY PARTNERS, LTD.  
1435 COVERED BRIDGE DR  
DELAND, FL 32724

SUBJECT: PFC FAMILY PARTNERS, LTD.  
Ref. Number: B22000000559

We have received your document for PFC FAMILY PARTNERS, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 124A00005173

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

*PFC 4-26*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PFC Family Partners Ltd.  
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:

Freda Smith  
Contact Person

PFC Family Partners, Ltd.  
Firm/Company

1435 Covered Bridge Dr.  
Address

Deland FL 32724  
City, State and Zip Code

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

For further information concerning this matter, please call:

Freda Smith at ( 386 ) 717-6946  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: \$ 17.50

☐ \$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

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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\$ 52.50  
-35  
17.50  
previously sent

**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:

PFC Family Partners, Ltd.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: \_

B 22 000 000 559

2. The jurisdiction of its formation is: Colorado

3. The date the entity was authorized to transact business in Florida is: 12/06/22

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.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

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

Name:

Business Address:

Patricia S. Lane, Tee

231 W. Minnesota Ave.

☐ Add

☒ Remove

☐ Change

DeLand, FL 32720

☐ Add

☐ Remove

☐ Change

☐ Add

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deceased

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:

\_\_\_\_\_

Typed or printed name:

Fred A. Lane

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

\$52.50  
-35  
\$17.50

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CLERK OF THE COURT  
JANUARY 2024