

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000043578 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

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/LLLP AMENDMENT/RESTATEMENT/CORRECTION
CROW FAMILY 1991 LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$52.50

RECEIVED
12 FEB 17 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY
EXAMINER

FEB 20 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crow Family 1991 Limited Partnership

(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:

Jackie Close

(Contact Person)

Crow Family 1991 Limited Partnership

(Firm/Company)

3819 Maple Avenue

(Address)

Dallas, Texas 75219

(City, State and Zip Code)

For further information concerning this matter, please call:

Jackie Close

(Name of Contact Person)

at (214)

661-8190

(Area Code and 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 17 AM 8:44

FILED

FILED
2012 FEB 17 AM 8:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:
Crow Family 1991 Limited Partnership

2. The jurisdiction of its formation is: Texas

3. The date the entity was authorized to transact business in Florida is: 04/26/1993

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 L.L.P.

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

Name:

Business Address:

CF91 Manager, Inc.

3819 Maple Avenue
Dallas, Texas 75219

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:

Crow Family, Inc. is withdrawing as general partner.

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: _____
(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: Crow Family 1991 Limited Partnership
By: CF91 Manager, Inc., its general partner

By: William W. McMahan

Typed or printed name:

William W. McMahan, Vice president

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

2012 FEB 17 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Hope Andrade
Secretary of State
FILED
2012 FEB 17 AM 8:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

CROW FAMILY 1991 LIMITED PARTNERSHIP
Filing Number: 6048810

Certificate of Amendment

November 29, 2011

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 16, 2012.



A handwritten signature in cursive script, reading "Hope Andrade".

Hope Andrade
Secretary of State

Form 424
(Revised 12/09)

Submit in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512/463-5709
 Filing Fee: See instructions

**Certificate of Amendment**

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas

NOV 29 2011

Corporations Section**Entity Information**

The name of the filing entity is:

Crow Family 1991 Limited Partnership

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|--|---|
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 6048810The date of formation of the entity is: April 15, 1991

FILED
 2012 FEB 17 AM 8:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Amendments**1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity; use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent

(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is:

First Name

M.I.

Last Name

Suffix

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

Street Address: (No P.O. Box)

City

TX

State Zip Code

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☒ Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

The general partner of the partnership is CF91 Manager, Inc. The mailing and street address of CF91 Manager, Inc. is 3819 Maple Avenue, Dallas, Texas 75219.

☐ Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:☒ Delete each of the provisions identified below from the certificate of formation.

The provision of the Amendment to Certificate of Limited Partnership, withdrawing Mill Spring Holdings, Inc., as the general partner of the Partnership and admitting Crow Family, Inc., as the general partner of the Partnership.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

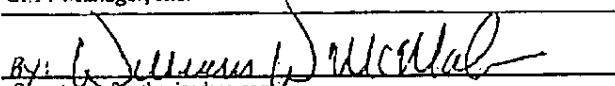
- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 11-29-11

By: CF91 Manager, Inc.

By: 
Signature of authorized person

William W. McMahan, vice president

Printed or typed name of authorized person (see instructions)

FILED
2012 FEB 17 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA