

B93000000555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

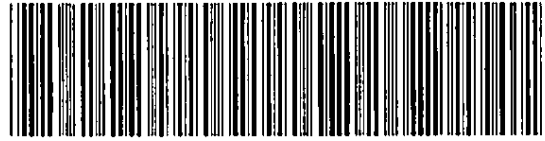
(Business Entity Name)

(Document Number)

Certified Copies 6 Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300385795433

FILED
2022 MAY -4 AM 9:30
TALLAHASSEE, FLORIDA

RECEIVED
2022 MAY -4 AM 11:20
TALLAHASSEE, FLORIDA

LP
Amend.

DC 05/11/22

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 654995, 4313323
AUTHORIZATION : *[Signature]*
COST LIMIT : \$105.00

ORDER DATE : May 3, 2022
ORDER TIME : 8:33 AM
ORDER NO. : 654995-005
CUSTOMER NO: 4313323

FOREIGN FILINGS

NAME: GFP LIMITED PARTNERSHIP

 CORPORATE
XX LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

RECEIVED
2022 MAY 10 AM 11:56
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2022

CSC

RESUBMIT
Please give original
submission date as file date

SUBJECT: GILLUND FAMILY LIMITED PARTNERSHIP
Ref. Number: B93000000555

We have received your document for GILLUND FAMILY LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$105.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LP, but your entity is a FOREIGN LP. 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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 322A00010452

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GFP 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:

Charles M. LeSchack

Contact Person

CUMMINGS & LOCKWOOD LLC

Firm/Company

Six Landmark Square, 9th Floor

Address

Stamford, CT 06901

City, State and Zip Code

cleschack@cl-law.com

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

For further information concerning this matter, please call:

Charles M. LeSchack

at (203)

351-4418

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

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

**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:
GFP LIMITED PARTNERSHIP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership:
B93000000555

2. The jurisdiction of its formation is: OHIO

3. The date the entity was authorized to transact business in Florida is: 12/15/1993

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

<u>Name:</u>	<u>Business Address:</u>	
<u>Kathleen Y. Gillund</u>	<u>100 Glenview Place, #913</u>	<input checked="" type="checkbox"/> Add
	<u>Naples, FL 34108</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>Wendell D. Gillund (deceased)</u>	<u>3971 Gulf Shore Blvd. North, #904</u>	<input type="checkbox"/> Add
	<u>Naples, FL 34103</u>	<input checked="" 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
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

2022 MAY -14 AM 9:30
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, 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: _____ (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 part

Kathleen Y. Gillund

Typed or printed name:

Kathleen Y. Gillund