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SECRETARY OF STATE
AND ASSESSED IN A STATE

MAK 0 2 2015 J. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	OAKCREST APARTMENTS RRH II, LLLP	_
Name	of Florida Limited Partnership or Limited Liability Limited Partnership	
The enclosed Certificate	te of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to:	
	ELA K. BORTON	
	Contact Person	
	NAGEMENT SERVICES, INC.	
	Firm/Company	
POST (OFFICE BOX 10293	
	Address	
CLEAR	RWATER, FL 33757	
City	, State and Zip Code	
PBORTON@	@SOUTHWIND.US.COM	
E-mail address: (to be	used for future annual report notification)	
For further information	concerning this matter, please call:	
PAMELA K.		
Name of Contact F	Person Area Code and Daytime Telephone Number	
Enclosed is a check for	the following amount:	2015
a	\$105.00 Filing Fee and Certified Copy Certificate of Status \$105.00 Filing Fee Certified Copy, and Certificate of Status	2015 FEB 23
STREET ADDRESS: Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Registration Section Division of Corporations P. O. Box 6327 Circle Tallahassee, FL 32314	44 M 10:48

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

OAKCREST APARTMENTS RRH, LTD.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifit 02/27/1998, assigned Flo		rtment of State on	
adopts the following certificate of amendment to	its certificate of limited partnership.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the leve:	limited partnership or limited liability	limited partnership	
New name must be distinguish	hable and contain an acceptable suffix.	<u></u>	
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes:		.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	pal office address, <u>enter new maili</u>	ng address and/or	
New Principal Office Address: (Must be STREET address)			
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or regist		ا ا™ فالرحم	7 ~;
new registered agent and/or the new registered offi	ce address here:	EB 23	7730 2730 273
Name of New Registered Agent:		Table 17	ÿ
New Registered Office Address:	Enter Florida street address	89 100 F	,
	, Florida		
	City Zin	Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and i
am familiar with and accept the obligations of my position as registered agent.

IfC	han	ging l	Registere	d Agent.	Signature	of Nev	v Registe	red Agent

D. If amending the general partner(s),	<u>enter the</u>	name and	business	address	of each	general	partner	being
added or removed from our records:								

<u>Title</u>	<u>Name</u>	Address	Type of Action	
	WES JARNIGAN	1006 GROVE STREET CLEARWATER, FL 33755	Add Remove	
			_ Add _ Remove	
			_ Add _ Remove	
			Add Remove	
<u></u>			_ Add Remove	2015 FEB
			Addnis Remove	23 AM
	d partnership or limited liab ship" status, enter change he	pility limited partnership is amen	- CONTRACTOR CONTRACTO	8†8 0: f8
	•	o be a "Limited Liability Limited Pa	ertnershin."	
_		es its "Limited Liability Limited Par	•	
		•	•	
INULE: It adding	or removing" limited liability limit	ed partnership" status-all general partne	ers must sign this an	nenament.)

Effective date, if other than the date Effective date cannot be prior to nor more tate.)	of filing:than 90 days after the	date this document is filed by t	he Florida Department of
Signature(s) of a general partner (or all general par	tners*:	
*NOTE: Only one current general partner emoving a "limited liability limited partner when adding or removing a "limited liability limited liability".	rship" election stateme	ent. Chapter 620, F.S., requires	partnership is adding or all general partners to sign
Parnela 11. Barton.	40,	,	
Pamela 1. Barton,	Aon. Partner		
			
Signature(s) of all new or dissocia	ting general parts	nar(s) if any	
signature(s) of all new of dissocia	mig general parti	ner(s), ii auy.	
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