

A02000000 636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

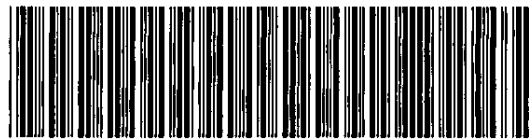
(Business Entity Name)

(Document Number)

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

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STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 14 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** R & M HAMILTON FAMILY PARTNERSHIP, LTD.  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARCIA R. HAMILTON  
Contact Person

R & M HAMILTON FAMILY PARTNERSHIP, LTD.  
Firm/Company

634 AVECILLA DRIVE  
Address

THE VILLAGES, FL, 32162  
City, State and Zip Code

marcia@4hplumbing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCIA R. HAMILTON at (407) 466-4608  
Name of Contact Person 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

12 MAR 13 PM 3:06  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

R & M HAMILTON FAMILY PARTNERSHIP, LTD.  
Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04-30-2002, assigned Florida document number A02000000636 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 limited partnership or limited liability limited partnership here:**

N/A

New name must be distinguishable and contain an acceptable suffix.

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.

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

(WAS CORRECTED WHEN 2012 ANNUAL REPORT WAS SUBMITTED)

New Principal Office Address:  
(Must be STREET address)

SAME

New Mailing Address:  
(May be post office box)

634 AVECILLA DRIVE  
THE VILLAGES, FLORIDA  
32162

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 13 PM 3:06

FILED

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

WAS CHANGED WHEN 2012 ANNUAL REPORT WAS SUBMITTED.  
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.

*Marcia R. Hamilton*  
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
TRUSTEE,	ROBERT J. HAMILTON	11006 LAKE MINNEOLA AVE. CLERMONT, FL. 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove (DECEASED)
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."  
☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

*Marcia R. Hamilton*

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**Signature(s) of all new or dissociating general partner(s), if any:**

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

FILED  
12 MAR 13 PM 3:06  
CLERK OF THE COURT  
ALL WAKULLA COUNTY, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2012

MARCIA R. HAMILTON  
R&M HAMILTON FAMILY PARTNERSHIP, LTD  
634 AVECILLA DRIVE  
THE VILLAGES, FL 32162

SUBJECT: R & M HAMILTON FAMILY PARTNERSHIP, LTD.  
Ref. Number: A02000000636

We have received your document for R & M HAMILTON FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 712A00007480