

A0300000/632

(Requestor's Name)

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☐ PICK-UP

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(Document Number)

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

Special Instructions to Filing Officer:

*Correction Per Conversation  
with Deborah Hardie  
3/9/2017  
KS*

*Sign*

Office Use Only



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02/10/17--01015--012 \*\*52.50

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2017 FEB 24 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAR - 9 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2017

RINES FL P  
DEBORAH L HARDEE  
P.O. BOX 307  
INDIANTOWN, FL 34956

SUBJECT: FRANCES L. RINES AND JAMES H. RINES FAMILY LIMITED  
PARTNERSHIP

Ref. Number: A03000001632

RECEIVED  
2017 FEB 24 AM 11:25  
TALLAHASSEE FLORIDA

We have received your document for FRANCES L. RINES AND JAMES H. RINES FAMILY LIMITED PARTNERSHIP 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 document must be signed by a current general partner, if any, and by each newly designated general partner(s).

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 617A00002822

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Frances L. Rines & James H. Rines Family Limited Partner  
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:

Deborah L. Hardee  
Contact Person

Rines FLP  
Firm/Company

P. O. Box 307  
Address

Indian town, FL 34956  
City, State and Zip Code

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

For further information concerning this matter, please call:

Deborah Hardee at ( 772 ) 597-3538  
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

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

Francesca L. Rines & James H. Rines Family Limited Partnership  
Insert name currently on file with Florida Department of State

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2017 FEB 24 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Jan. 12, 2017, assigned Florida document number A03000001632, 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:**

\_\_\_\_\_  
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:**

New Principal Office Address:

(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

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>
GP	Frances L. Rines	15375 SW Warfield Indian town, FL 34954	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	James H. Rines	15375 SW Warfield Indian town, FL 34954	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Deborah L. Hardee	15375 SW Warfield Indian town, FL 34954	<input checked="" 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.)*

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.)

*James L. Hardin G.P.*

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

*James H. Rimer*

*Francis L. Rimer*

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2017 FEB 24 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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