# A07000001169

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Ĉi                     | ty/State/Zip/Phone | e #)        |
|                         | WAIT               | MAIL.       |
| (Bı                     | usiness Entity Nar | ne) .       |
| (Do                     | ocument Number)    | <del></del> |
| Certified Copies        |                    |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         | •                  |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



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12 JUN -7 PH 1:41

B. BOSTICK

JUN - 8 2012

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section

| Division of Corporations                      |  |
|---|--|
|   | ILY LIMITED PARTNERSHIP rtnership or Limited Liability Limited Partnership         |
| The enclosed Certificate of Amendment and     | nd fee(s) are submitted for filing.  |
| Please return all correspondence concerning   | ng this matter to:   |
| YVONNE DePUGH                                 |  |
| Contact Person                                | •  |
| Firm/Company                                  |  |
| 2164 15 CIRCLE NORT                           | ſH   |
| Address                                       |  |
| ST. PETERSBURG, FL 33                         | 3713   |
| City, State and Zip Code                      |  |
| YED@VESTIS.US                                 |  |
| E-mail address: (to be used for future annual | report notification)   |
| For further information concerning this ma    | (유명) <u>교</u>  |
| YVONNE DePUGH                                 | at ( 727 ) 327-1521 ==   |
| Name of Contact Person                        | Area Code and Daytime Telephone Number   |
| Enclosed is a check for the following amo     | unt:   |
| \$52.50 Filing Fee And Certificate of Status  | \$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STREET ADDRESS:                               | MAILING ADDRESS:   |
| Registration Section                          | Registration Section   |
| Division of Corporations                      | Division of Corporations   |
| Clifton Building                              | P. O. Box 6327   |
| 2661 Executive Center Circle                  | Tallahassee, FL 32314  |
| Tallahassee, FL 32301                         |  |

## CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP

## DEPUGH FAMILY LIMITED PARTNERSHIP Insert name currently on file with Florida Department of State

| Pursuant to the provisions of section 620.1202, Flelimited liability limited partnership, whose certific OCTOBER 11, 2007, assigned Flor | cate was filed vrida document | with the Florida Department of State on Number A0700001169 | n<br>_,    |
|--|-------------------------------|--|------------|
| adopts the following certificate of amendment to i   | its certificate of            | f limited partnership.                                     |            |
| This amendment is submitted to amend the following:  |                               |  |            |
| A. If amending name, <u>enter the new name of the linhere</u> :  | mited partners                | hip or limited liability limited partnersh                 | <u>nip</u> |
| New name must be distinguisha  | able and contain a            | n acceptable suffix.                                       | _          |
| Acceptable Limited Partnership suffixes: Limited Partnershi<br>Acceptable Limited Liability Limited Partnership suffixes: L              |                               |  |            |
| B. If amending mailing address and/or princip principal office address here:   | oal office addr               | ess, enter new mailing address and/                        | <u>or</u>  |
| New Principal Office Address: (Must be STREET address)   |                               | 15 CIRCLE NORTH  |            |
| New Mailing Address: (May be post office box)  | 2164-<br>St. D?               | 15 CiRcle NORTH<br>HERDBURG, FL 33713                      |            |
| C. If amending the registered agent and/or registenew registered agent and/or the new registered office                                  |                               | ess on our records, enter the name of                      | <u>the</u> |
| Name of New Registered Agent:  |                               | PH :   |            |
| New Registered Office Address:   | Enton L                       | Florida street address                                     |            |
|  | Enter F                       | ioriaa sireei aaaress                                      |            |
|  | Citv                          | , Florida<br>Zip 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.

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>  | Address  | Type of Action    |
|--------------|--|--|-------------------|
| <u>G.P.</u>  | DePugh Family Maraga<br>NANAGEMENT LLC<br>L11000084601 | 2164 15 Circle North<br>St. Petersburg, FL 33713 | Add Remove        |
| G.P.         | RYDP Investments LLC                                   | 2164 15 Circle North<br>St. Petersburg, FL 33713 | _ Add<br>✓ Remove |
| <del></del>  |  |  | Add Remove        |
|              |  |  | Add Fremove!      |
|              | <del> </del>   |  | Remove            |
|              |  |  | Add 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.)

| t the state of the |   |
|--|---|
|  |   |
| ffective date, if other than the date of filing:   | fter the date this document is filed by the Florida Department of   |
| ignature(s) of a general partner or all genera   | l partners*:  |
| NOTE: Only one current general partner is required to semoving a "limited liability limited partnership" election sethen adding or removing a "limited liability limited partnership".   | sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sign ership" election statement.) |
| MARIA  | - De Rugh Family MANAGEMEN  |
|  |   |
|  |   |
|  |   |
|  |   |
| ignature(s) of all new or dissociating general   |   |
| J. Dely  | RYDP INVESTMENTS UC   |
|  |   |
|  | 7   |
|  |   |
|  | SSE 7   |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50   |   |
| Certificate of Status (optional): \$8.75   | O   |



May 16, 2012

GEORGE K. RAHDERT DEPUGH FAMILY LIMITED PARTNERSHIP 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701

SUBJECT: DEPUGH FAMILY LIMITED PARTNERSHIP

Ref. Number: A0700001169

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

**Division of Corporations** 

Letter Number: 712A00014549



May 3, 2012

YVONNE DEPUGH 2164 15 CIRCLE NORTH ST. PETERSBURG, FL 33713

SUBJECT: DEPUGH FAMILY LIMITED PARTNERSHIP

Ref. Number: A0700001169

We have received your document for DEPUGH FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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.

Letter Number: 612A00013360

Barbara Bostick Regulatory Specialist II

www.sunbiz.org