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SECRETARY OF STATE

FEB 1 7 2015 **T. HAMPTON** 

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Eagle RH, LP
	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Charles Z. Kalchman, Es	oq.
55	
Charles Z. Kalchman, Es	· <b>Q</b> .
17071 West Dixie Highw	av
Address	<u>ay</u>
No de Maria de Danada El CO	400
North Miami Beach, FL 33 City, State and Zip Code	
•	
jmnahon@gmail.com E-mail address: (to be used for future annual	report notification)
2 200.055. (10 02 202 10. 10. 10. 10. 10.	,
For further information concerning this ma	atter, please call:
Charles Z. Kalchman, Esq.	at ( 305 ) 937-5134
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	unt:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee FL 32301	

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Eagl	e RH, LP			£
Insert name currently	y on fil	e with Florida Department of	State	A	
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose of 09/06/2012, assigned	certifi	cate was filed with the F	lorida De	epartment of	State on
adopts the following certificate of amendme	ent to	its certificate of limited p	partnersh	ip.	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of here:	f the l	imited partnership or lim	ited liabil	lity limited p	<u>artnership</u>
New name must be dist	inguish	able and contain an acceptab	le suffix.		<del></del>
Acceptable Limited Partnership suffixes: Limited Pa Acceptable Limited Liability Limited Partnership sug			tnership, L.	.L.L.P. or LLL	Р.
B. If amending mailing address and/or p principal office address here:	rinci	pal office address, <u>enter</u>	r new ma	iling addre	ss and/or
New Principal Office Address (Must be STREET address)	<u>s:</u>	17071 West Dixie Hig North Miami Beach, I		0	- 
New Mailing Address: (May be post office box)	17071 West Dixie Highway North Miami Beach, FL 33160		- -		
C. If amending the registered agent and/or new registered agent and/or the new registered			r records,	, enter the n	ame of the
Name of New Registered Agent:	Charl	es Z. Kalchman, Esq.			<del>-</del>
New Registered Office Address:	17071 West Dixie Highway  Enter Florida street address				
· -	N	orth Miami Beach,	Florida	33160 Zip Code	_
		City	•	Lip Coue	

## 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.

Chuh Z K 1 - - 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>	Name	Address	Type of Action
			Add Remove
	-		_
			Removed T
	-		_ □Æ = = = = = = = = = = = = = = = = = =
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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."
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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: (Atta	ach addition	al sheets, if n	iecessa	ry.)
1. Please correct error in spelling of firs	st name of Ge	neral Par	tner, Barto	s Uzarow	ski.	
The correct spelling is Bartosz Uzarows	ski.					
2. Please change the business address	s for both Gen	eral Partı	ners, Jame	es Nahon a	and	
Bartosz Uzarowski to: 17071 West Dixi	ie Highway, N	orth Mian	ni Beach, I	FL 33160		
Effective date, if other than the date of filir (Effective date cannot be prior to nor more than 90 State.)	ng: days after the dat	e this docum	ent is filed by	) the Florida	Departi	nent of
Signature(s) of a general partner or all g	general partne	<u>rs*:</u>				
(*NOTE: Only one current general partner is requeremoving a "limited liability limited partnership" el when adding or removing a "limited liability limited".	lection statement. d partnership" elec	Chapter 620	), F.S., require	l partnership es all general	is addin partner	g or s to sign
Bartosz Uzarowski, General	Partner -					
	_				<del></del>	
	_			_		_
Signature(s) of all new or dissociating ge	eneral partner	(s), if any:	· · · · · · · · ·			
	-					
	-					
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	)			SECRETARY OF STALLAHASSEE. FL	15 FEB -9 AHII	