A14286

| (Re | questor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | , |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

B. KOHR

DEC 1 8 2012

EXAMINER



200241895062

12/17/12--01002--015 **113.75

12 DEC 12 PM 12: 38
SECRETARY OF STATE

COVER LETTER

| TO: Registration Division of (| Section Corporations | | | | | |
|------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: | BUS | SHNELL RRH, LTD | | | | |
| N | ame of Florida Limited Pa | artnership or Limited Liability Limited Partnership | | | | |
| The enclosed Certif | icate of Amendment a | and fee(s) are submitted for filing. | | | | |
| Please return all cor | respondence concerni | ing this matter to: | | | | |
| | Jeff Hale | me in the second | | | | |
| | Contact Person | | | | | |
| JOTAF | R Management Com | npany Br. | | | | |
| | Firm/Company | 7 | | | | |
| 1' | 1635 NW 1st Avenu | e | | | | |
| | Address | | | | | |
| G | Sainesville, FL 32607 | 7 | | | | |
| | City, State and Zip Code | <u>'</u> | | | | |
| ief | fhale@halemgmt.co | nm | | | | |
| | o be used for future annua | | | | | |
| | | | | | | |
| For further informa | tion concerning this m | natter, please call: | | | | |
| Je | ff Hale | at (<u>352</u>) <u>332-0838</u> | | | | |
| Name of Cont | act Person | Area Code and Daytime Telephone Number | | | | |
| Enclosed is a check | for the following amo | ount: | | | | |
| Mass southing Ece | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status | | | | |
| STREET ADDRE | SS: | MAILING ADDRESS: | | | | |
| Registration Section | | Registration Section | | | | |
| Division of Corpora | ations | Division of Corporations | | | | |
| Clifton Building | 4 C'1 | P. O. Box 6327 | | | | |
| 2661 Executive Cer Tallahassee, FL 32 | | Tallahassee, FL 32314 | | | | |

CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP

| CERTIFICAT | E OF AMENDIN | IENI | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|---------------------------------------|
| OF DETICATE OF | TO | TAITDOILID | |
| CERTIFICATE OF | | INERSHIP | A Super of |
| | OF | | 48 6 T |
| BUSHN | ELL RRH, LTI | D | |
| Insert name currently on f | | | ed partnership of |
| Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certifound 04/06/1983, assigned Fl | ficate was filed was orida document n | ith the Florida D umber | Department of State on A14286 |
| adopts the following certificate of amendment to | its certificate of | limited partners | hip. |
| This amendment is submitted to amend the following: | : | | |
| A. If amending name, <u>enter the new name of the here</u> : | limited partnersh | i <u>p or limited liab</u> | oility limited partnership |
| New name must be distinguis | shable and contain on | aggertable suffer | |
| New hame must be distinguis | snable and contain an | acceptable surfix. | |
| Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes. B. If amending mailing address and/or princ | : Limited Liability Lin | mited Partnership, | |
| 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 regisnew registered agent and/or the new registered off | | ss on our record | s, enter the name of the |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Fl | lorida street addre | ess |
| | | | |
| | | , Florida | |
| | City | | Zip Code |

| Nev | v F | Regi | stere | d. | Age | nt's | Signa | ature, | if | changing | Registered | Agent: |
|-----|-----|------|-------|----|-----|------|-------|--------|----|----------|------------|--------|
| | | | | | | | | | | | | |

| | | If Changing Registered Age | nt, Signature of New Registered Agent |
|------------------|-----------------------------------------------------------|------------------------------------|---------------------------------------|
| | the general partner(s), <u>er</u> ed from our records: | nter the name and business addre | ess of each general partner being |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| E. If the limite | ed partnership or limited | d liability limited partnership is | amending its "limited liability |

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

| F. If amending any other infor | mation, e | enter change(s) | here: (Attach additional sheets, if necessary.) |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| The expiration date of the Partn | ership A | Agreement is | hereby extended to 2062. |
| | | | |
| | | | |
| | | | |
| | | | |
| Effective date, if other than the dat (Effective date cannot be prior to nor mor State.) | e of filinge than 90 c | g:days after the dat | e this document is filed by the Florida Department of |
| Signature(s) of a general partner | or all go | eneral partne | <u>rs*:</u> |
| (*NOTE: Only one current general partn removing a "limited liability limited partn when adding or removing a "limited liabil" | ership" ele | ection statement. | ocument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to signation statement.) |
| Pails Cutes | | | |
| | | | |
| | | | |
| | | | |
| | | | × 16 |
| Signature(s) of all new or dissoci | ating gei | neral partner | (s), if any: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Filing Fee: | \$52.50 \$52.50 | | |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | | |