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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY - 5 2011

EXAMINER

COVER LETTER

Division of Corporations	
	10 Investments LP
Name of Florida Limited Par	rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Contact Person	shall
2350 Firm/Company 1350 Firm/Company Address	View
FE Walten BCH, For City, State and Zip Code	L 32547
E-mail address: (to be used for future annual	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
William Bill MANston	at (850) 863-2153 862-7509 Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Mumber
Enclosed is a check for the following amount	
\$52.50 Filing Fee S61.25 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	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF AMENDMENT **TO** .

CERTIFICATE OF LIMITED PARTNERSHIP

FILED

2011 HAY -8 RH \$ 80

$\underline{\mathcal{L}}$	RM	Land	Investments	HD.
	Insert	name currently	on file with Florida Departme	ent of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	•	•		
Pursuant to the provisions of section 62 limited liability limited partnership, wh	ose certifi	cate was filed with the rida document numb	ne Florida Department of the Property of the P	
adopts the following certificate of amer	idment to	its certificate of limi	ed partnership.	
This amendment is submitted to amend the	following:			
A. If amending name, <u>enter the new name</u> :	ne of the li	imited partnership or	limited liability limited pa	rtnership
New name must be	e distinguish	able and contain an acce	ptable suffix.	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh				· •
B. If amending mailing address and principal office address here:	or princij	oal office address, <u>e</u>	nter new mailing addres	s and/or
New Principal Office Add (Must be STREET address)	<u>dress:</u>	2350 Ft Wa	Twin Bay View ton BCH, FL 32) _5~47
New Mailing Address: (May be post office box)		54	۱٤	
C. If amending the registered agent and new registered agent and/or the new regis			our records, enter the na	me of the
Name of New Registered Agent:	ω_{i}	lian R MA	ASHALL	
New Registered Office Address:	235	TO TWIR Bay Enter Florido	Vi • W street address	
	Fort	Walton BCH City	, Florida <u>\$2547</u> 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.

Octobro A. Marlow

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>69</u>	WRMLa Holdings	nd Investor	nonts 1014 MA FE Chalton 33	RWalt PR Add BCHFC Remove
	 			AddRemove
<u>GP</u>	LIRM Equi Investment LLC Contact &	Holding, Person: Ca /862-7	2350 Twin Ban Fort Walton Bea 32: Dillian R. Mars 509 MDSOD	Add G. F.C. Remove G. F.C. Remove

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

This Li	imited Partnership hereby e	elects to be a "Limited Lia	bility 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 info	ormation, enter c	hange(s) here: (Attach additional	sheets, if necessary.)
		•		·
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	nte of filing: ore than 90 days aft	er the date this do	cument is filed by th	he Florida Department of
Signature(s) of a general partne	r or all general	partners*:		
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" election st	atement. Chapter	620, F.S., requires	
William R. A	hanlar			
Willia- R. A	VARSIFALL	-		
Signature(s) of all new or dissoc	iating general [oartner(s), if a	<u>ny</u> :	
				
				7 2
				ECRET
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			ARY ARY
Corumeate of Status (optional):	φ σ. /3			E.F. F. G.