

A28957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

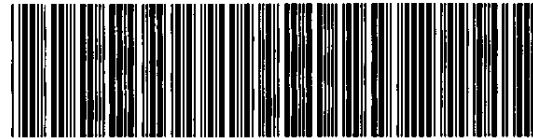
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10 JUN 28 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 29 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bella Vista Apartments, Ltd.  
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:

Pam Davenport

Contact Person

Intervest Capital Corporation

Firm/Company

P. O. Box 2118

Address

Madison, MS 39130-2118

City, State and Zip Code

pam\_davenport@intervestcorp.net

E-mail address: (to be used for future annual report notification)

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10 JUN 28 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rodney H. Dudley

Name of Contact Person

at ( 601 ) 709-6000, #128

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2010

PAM DAVENPORT  
INTERVEST CAPITAL CORPORATION  
P.O. BOX 2118  
MADISON, MS 39130-2118

SUBJECT: BELLA VISTA APTS., LTD.  
Ref. Number: A28957

FILED  
10 JUN 28 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 10 2010

We have received your document for BELLA VISTA APTS., LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(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. X

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 210A00014056

Joey,  
I hope this is what you need.

Thank you, 6/25/10  
Pam

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

Bella Vista Apartments, Ltd.

Insert name currently on file with Florida Department of State

FILED  
10 JUN 28 AM 8:18  
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 April, 1992, assigned Florida document number A28957, 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:**

N/A

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)

7538 Old Canton Road  
Madison, MS 39110

New Mailing Address:  
(May be post office box)

P. O. Box 2118  
Madison, MS 39130-2118

**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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

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>	<u>Address</u>	<u>Type of Action</u>
<u>Co-GP</u>	<u>J. Steve Nail</u>	<u>354 St. Andrews Drive</u> <u>Jackson, MS 39211</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Co-GP</u>	<u>Rodney H. Dudley</u>	<u>1111 Rolling Meadows</u> <u>Ridgeland, MS 39157</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>passed</u>	<u>William R. Gunby, Jr.</u>	<u>1505 Bayshore Blvd</u> <u>Tampa, FL 33606</u>	<input type="checkbox"/> Add <input checked="" 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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**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.)

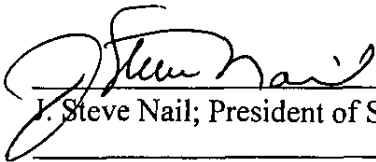
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TALLAHASSEE, FLORIDA

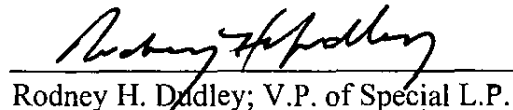
Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

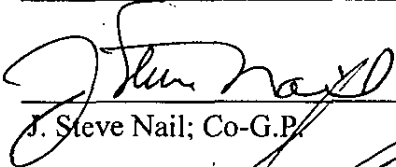
**Signature(s) of a general partner or all general partners\*:**

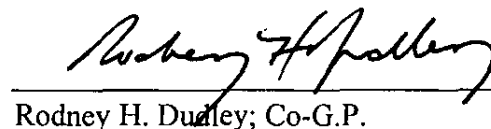
(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

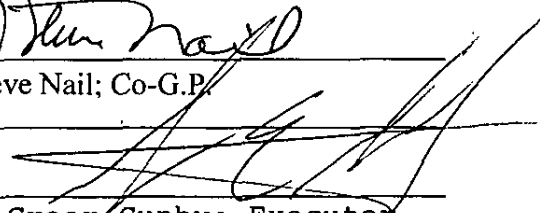
  
J. Steve Nail; President of Special L.P.

  
Rodney H. Dudley; V.P. of Special L.P.

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

  
J. Steve Nail; Co-G.P.

  
Rodney H. Dudley; Co-G.P.

  
Greer Gunby; Executor  
Estate of William R. Gunby

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