

A29676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The RHM & BBM Family Limited Partnership
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:

Betty B. Mandus-Lane

Contact Person

Firm/Company

1795 Earhart Court

Address

Port Orange, FL 32128

City, State and Zip Code

modelabetty@aol.com

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

For further information concerning this matter, please call:

Betty B. Mandus-Lane

Name of Contact Person

at (386)

756-8435

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

April 7, 2010

BETTY B. MANDUS-LANE
1795 EARHART COURT
PORT ORANGE, FL 32128

SUBJECT: THE RHM & BBM FAMILY LIMITED PARTNERSHIP
Ref. Number: A29676

We have received your document for THE RHM & BBM FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 710A00008559

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

The RHM & BBM Family Limited Partnership

Insert name currently on file with Florida Department of State

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 02/16/1990, assigned Florida document number A29676, 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:

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)

1795 Earhart Court
Port Orange, FL 32128

New Mailing Address:
(May be post office box)

1795 Earhart Court
Port Orange, FL 32128

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:

Betty B. Mandus-Lane

New Registered Office Address:

1795 Earhart Court

Enter Florida street address

Port Orange, Florida 32128
City Zip Code

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TALLAHASSEE, FLORIDA

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>
Dr. _____	R. H. Mandus _____	795 Pine Place Merritt Island, FL 32952	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Ms. _____	Betty B. Mandus _____	1954 Country Club Dr. Port Orange, FL 32128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	<i>Betty B. Mandus Lane, trustee</i> Betty B. Mandus Trust _____	1795 Earhart Court Port Orange, FL 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	Kirk L. Mandus _____	1954 Country Club Dr. Port Orange, FL 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	Eric H. Mandus _____	2261 Creek Park Road Decatur, GA 30033	<input checked="" 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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 TALLAHASSEE
 FLORIDA

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.)*

Dr. R. H. Mandus is deceased and unable to execute this document.

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.)

Betty B. Mandus

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

Dr. H. Mandus
Betty B. Mandus Lane, as trustee for Betty B. Mandus
Chapman

BANK

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