## A95000002070

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(,,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
,,	
(Document Number)	
(Bocament Namber)	
Conference of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
1	
n	
Receive C 05122	
05177	

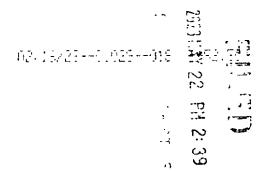
Office Use Only



800402200578

S. CHATHAM

JUL 14 2023





May 6, 2023

RICHARD HARRIS 6400 N. ANDREWS AVENUE, SUITE 320 FT. LAUDERDALE, FL 33309 US

SUBJECT: RNK INVESTMENT PARTNERS, LTD.

Ref. Number: A95000002070

We have received your document for and your check(s) totaling \$52.50. 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.

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) 245-6000.

Summer Chatham Regulatory Specialist III

MAY 2 2 2023

Letter Number: 223A00010262

## **COVER LETTER**

Division of	Corporations		
SHRIFCT: RNK IN	NVESTMENT PARTNERS	S, LTD.	
N	ame of Florida Limited Par	rtnership or Limited L	iability Limited Partnership
The enclosed Certif	icate of Amendment a	nd fee(s) are subm	itted for filing.
Please return all con	respondence concerni	ng this matter to:	
RICHARD HARRIS			
	Contact Person		
RICHARD H. HARRI	S & ASSOCIATES, P.A.		
	Firm/Company		
6400 N. ANDREWS A	VENUE, SUITE 320		
	Address		
FT. LAUDERDALE, I	L 33309		
	City, State and Zip Code		
RHARRIS@VCPA.C	OM		
E-mail address: (t	o be used for future annual	report notification)	
For further informa	tion concerning this ma	atter, please call:	
RICHARD HARRIS		at ( <u></u>	245-3271
Name of Cont	act Person	Area Code an	d Daytime Telephone Number
Enclosed is a check	for the following amo	unt:	
■ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Cop	<del>-</del>
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Registra Division The Cen 2415 N	Address: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RNK INVESTMENT PARTNERS, LTD.		
Insert name currently on f	ile with Florida Departmen	at of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certificate of amendment to	arida document numb	er A95000002070
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 distingu	The blo and contain an accu	entable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe		
B. If amending mailing address and/or prin	icipal office address,	
New Principal Office Address:		20
(Must be STREET address)		
New Mailing Address: (May be post office box)		PH 2: 69
C. If amending the registered agent and/or registered agent and/or the new registered office	stered office address on address here:	our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		, Florida
<del>_</del> -	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I herel	y accept the appointment as registered agent and agree to act in this capacity. I further agree to
compli	with the provisions of all statutes relative to the proper and complete performance of my dailes, and i
am fan	niliar with and accept the obligations of my position as registered agent.

If Changing Registered Ag	gent, <u>Signature of New Re</u>	gistered 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:

Title	Name	Address	Type of Action
TRUSTE	ROBERT N. KENNEDY	3813 SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487	Add Remove
			Add # F
			Add Removes 3
			□ Add □ Remove
			□ Add □ Remove

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.)

P. If amending any other information, enter change(s)	here: (Allach daditional sheets, y meets-yy
fective date, if other than the date of filing:	ate this document is filed by the Florida Department
u(x)	statutory ming requirement
ter If the date inserted in this block does not meet the approach listed as the document's effective date on the Department of States	le's records.
ignature(s) of a general partner or all general parts	ners*:
NOTE: Only one current general partner is required to sign this moving a "limited liability limited partnership" election statement adding or removing a "limited liability limited partnership"	document unless the limited partnership is about a series of the limited partnership is about a series all general partnership is a series all general partnership is a series and series and series and series are series and series and series are series and series and series are series and series are series and series and series are series are series and series are series are series and series are series are series are series are series are series and series are series a
4	
ann & Kennedy	
Signature(s) of all new or dissociating general part	ner(s), if any:
	Deceased 10/9/
Robert N. Kennedy	Deceased 1911
\$52.50	
Filing Fee: \$52.50	