

A97000001324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

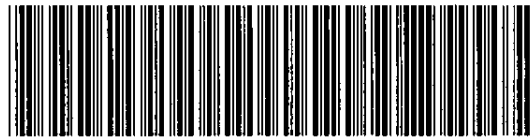
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Robert **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT eff. date
DATE 4/10/08
DOC. EXAM. _____

Office Use Only



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04/07/08--01040--027 **52.50

EFFECTIVE DATE

4/7/08

FILED
08 APR ~7 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAO FAMILY PARTNESHIP, 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:

ROBERT J. RAO
(Contact Person)

(Firm/Company)

20 S. ROSE AVENUE SUITE 1
(Address)

KISSIMMEE FL 34741
(City, State and Zip Code)

For further information concerning this matter, please call:

ROBERT J. RAO at (407) 846-0936
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$52.50 Filing Fee	<input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status	<input type="checkbox"/> \$105.00 Filing Fee and Certified Copy	<input type="checkbox"/> \$113.75 Filing Fee, Certified Copy, and Certificate of Status
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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

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

RAO FAMILY PARTNESHIP, LTD.

(Insert name currently on file with Florida Department of State)

FILED

08 APR 97 AM 11:02

**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 06/17/1997, 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 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: ROBERT J. RAO

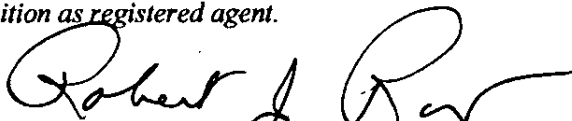
New Registered Office Address: 20 S. ROSE AVENUE SUITE 1

(Enter Florida street address)

KISSIMMEE, Florida 34741
(City) (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)

C. 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>
GP	RAO HOLDINGS, INC.	3601 S ORANGE BLOSSON TRAIL KISSIMMEE FL 34746	<input type="checkbox"/> Add <input type="checkbox"/> Remove
GP	ROBERT J. RAO	20 S ROSE AVENUE SUITE 1 KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	SUZETTE TINDALL	4190 CITRUS STREET KISSIMMEE FL 34746	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. 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.)

E. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: 4/7/2007
(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.)

Robert J. Ror
Suzette Lindale

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

Robert J. Ror
Suzette Lindale

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

FILED
08 APR '07 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA