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Office Use Only

G. MCLEOD

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EXAMINER



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04/27/09--01042--004 **35.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RAO FAMIL		
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 concernir	ng this matter to:	
Rosent J. RAO		
Forest J. Rao, Cau	s oppose.	
20 S. Rose Ave	ste 1	
Kissimmee FL 34741		
City, State and Zip Code PARAMANAGUR DADL - COM E-mail address: (to be used for future annual report notification)		
For further information concerning this ma	at (407) 846-0936	
Name of Contact Person Area Code and Daytime Telephone Number 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: 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	

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CERTIFICATE OF AMENDMENT TO

	OF LIMITED PARTNERSHIP OF
RAO FAMILY	PARTNERSHIP, LTD.
Insert name (u)rent	ly on file with Florida Department of State
limited liability limited partnership, whose	202, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State on ed Florida document number 4700001324, ent to its certificate of limited partnership.
This amendment is submitted to amend the follo	wing:
A. If amending name, <u>enter the new name o</u> here:	f the limited partnership or limited liability limited partnership
N/A	
New name must be dist	inguishable and contain an acceptable suffix.
B. If amending mailing address and/or p	ortnership, Limited, L.P., LP, or Ltd. offixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. orincipal office address, enter new mailing address and/or
principal office address here:	
New Principal Office Address (Must be STREET address)	s: MA
New Mailing Address: (May be post office hox)	
C. If amending the registered agent and/or new registered agent and/or the new registered	registered office address on our records, enter the name of the
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

N	B .	
If Changing R	Registered Agent, Signature of New Registered Ag	gent

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>	Name	Address	Type of Action
GP	RAD HOLDING, INC.	20 S-Rose Ave stol Kissinnel FL 34741	Add Kemove
			Add Remove
			Add Remove
	l partnership or limited liability hip" status, enter change here:	y limited partnership is amer	— nding its "limited liability
This Limit	ed Partnership hereby elects to be	a "Limited Liability Limited P	artnership."
This Limit	ed Partnership hereby removes its	"Limited Liability Limited Pa	rtnership" status.
(NOTE: If adding	or removing" limited liability limited pa	artnership" status, all general partn	ners must sign this amendment.)

F. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
wove	
	. 1
Effective date, if other than the date of fill (Effective date cannot be prior to nor more than State.)	ling: 04/23/2009 90 days after the date this document is filed by the Florida Department of
Signature(s) of a general partner or all	general partners*:
removing a "limited liability limited partnership" when adding or removing a "limited liability limited partnership"	quired to sign this document unless the limited partnership is adding or election statement. Chapter 620, F.S., requires all general partners to sign and partnership" election statement.)
Lobert John	
ROBERT J. RAO, Esquire	
20 S. Rose Ave., Sulte 1	
Kissimmee, FL 34741	
Signature(s) of all new or dissociating	general partner(s), if any:
-	
Filing Fee: \$52.5 Certified Copy (optional): \$52.5	
Certificate of Status (optional): \$8.7	