

CORPORATE
ACCESS,
INC.

A99000001003

36 East 6th Avenue • Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 • Fax (850) 222-1666

WALK IN

PICK UP 2/27/01 16:00

☒ CERTIFIED COPY

CUS

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☒ FILING Amendment

FILED
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SECRET
TALLAHASSEE, FLORIDA

1.) The Ruth Present Family Partnership, Ltd.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

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****105.00 ****105.00

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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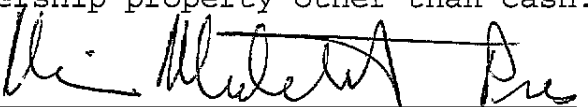
CERTIFICATE OF AMENDMENT
TO ARTICLES TO APPLICATION FOR REGISTRATION OF
THE RUTH PRESENT FAMILY PARTNERSHIP, LTD.
LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.173, Florida Statutes, this Family Limited Partnership hereby submits this Certificate of Amendment to its registration application:

SECTION 6: DISTRIBUTIONS

6.1 Distributions of Cash: Cash available for distribution each year may be distributed to all of the Partners in accordance with a Partner's percentage interest in the Partnership with the consent of the General Partner. Annual distributions shall be made to the Partners in an amount reasonably required to allow each Partner sufficient cash to pay Federal and State income taxes on the Partner's distributive share of Partnership income, provided, however, that the highest income tax rates that apply to a particular character of income shall be utilized for determining the amount of income taxes payable by a Partner. Except as otherwise provided herein, no Partner shall have a right to distribution of Partnership property other than cash.


MARION MUTCHNICK, PRESIDENT OF
PRESENT MANAGEMENT CO., GENERAL
PARTNER


STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing was sworn to and subscribed before me by
MARION MUTCHNICK, PRESIDENT OF PRESENT MANAGEMENT CO., GENERAL
PARTNER, this 21 day of February, 2001, who:

☒ is/are personally known to me;
☐ produced a current Driver's(s') License(s) from _____
(State), as identification.
☐ produced _____ as identification


SIGNATURE OF NOTARY

PRINTED NAME OF NOTARY
COMMISSION NO.:

MY COMMISSION DECEASES:
 MY COMMISSION # CC 692752
EXPIRES: October 29, 2001
Bonded Thru Notary Public Underwriters

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA