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(Re	questor's Name)	
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14 DEC 22 AHII:58
SECRETARY OF STATE

DEC 2 3 2014
T. HAMPTON

#### COVER LETTER

_	ration Section	
	on of Corporations  R-Kid Properties LTD  Name of Florida Limited Partnership or Limited Liability Limited Part	
SUBJECT:	Name of Florida Limited Partnership or Limited Liability Limited Part	nership
The enclosed	Certificate of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to:	
Jar	re R. Webstr	
R-K.	Contact Person  A Properties, LTD  Firm/Company	14 DEC
1417	Philadelphia Dre	RECEIVED  DEC 22 MIO: 00  RECUPER OF COMPERCION  RECUPER OF COMPERCI
Orl	Philadelphia Deve Address  Ando, FL 32803  City, State and Zip Code	HID: OO
<u>JRW</u> E-mail ad	City, State and Zip Code  Chocke O Y - Kid Droperhics. Com  dress: (to be used for future annual report notification)	***
For further in	formation concerning this matter, please call:	
	of Contact Person at (407) 896-1004  Area Code and Daytime Telephon	e Number
Enclosed is a	check for the following amount:	
\$52.50 Filin	g Fee \$\int_{\text{\$\frac{1}{25}} \text{Filing Fee}}  \text{\$\frac{1}{25} \text{Filing Fee}}  \text{\$\frac{1}{25} \text{113.75}}  \text{Certified Copy}  \text{Certified Copy}  \text{Certificate} \text{Certificate}   \text{Certificate}   \text{Certificate}   \text{Certificate}   \text{Certificate}   \text{Certificate}   \text{Certificate}   \text{Certificate}     \text{Certificate}                               \qquad  \qquad \qquad \qquad \qquad \qqq \qquad \qquad \qqq \qqq \qqq \qqq \qqq \qqq \q	
STREET Al Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Registration Section Forporations Division of Corporations Forporations P. O. Box 6327 For Center Circle Tallahassee, FL 32314	



RECEIVED

14 DEC 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 8, 2014

JANE R WEBSTER R-KID PROPERTIES LTD 1417 PHILADELPHIA AVE ORLANDO, FL 32803

SUBJECT: R-KID PROPERTIES, LTD.

Ref. Number: A99000001114

We have received your document for R-KID PROPERTIES, LTD. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a, but your entity is a. Please complete and return the enclosed blank form(s).

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) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 214A00025787

### CERTIFICATE OF AMENDMENT

FILED

## CERTIFICATE OF LIMITED PARTNERSHIP 14 DEC 22 AM 11:58

	OF	(
R-Kid Propert	ies LTD	SECRETARY OF STATE TALL AHASSEE, FLORIDA
Insert name curren	ntly on file with Florida D	epartment of State
Pursuant to the provisions of section 620. limited liability limited partnership, whos 7 - 09 · 1999, assig	e certificate was filed	with the Florida Department of State on
adopts the following certificate of amenda		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u> <u>here</u> :	of the limited partner	ship or limited liability limited partnership
$\bigcap$	<u> </u>	
New name must be d	istinguishable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership		
B. If amending mailing address and/or principal office address here:	· principal office add	ress, enter new mailing address and/or
New Principal Office Address (Must be STREET address)	ess: 1417 F Orland	Miladelphia Ave
New Mailing Address: (May be post office box)	Same	as above
C. If amending the registered agent and/onew registered agent and/or the new registered.		
Name of New Registered Agent:	Jane R.	
New Registered Office Address:	1417 Philade Enter	lphia Ave Florida street address
	Orlando	, Florida <u>32803</u>
	Citv	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.

Jane.	Relete	
If Changing Re	gistered 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>		Address	Type of Action			
				Add Remove			
				Add Remove			
		N / /=		14 DEC 22 N			
				Add AM CORDINATE			
				Add Remove			
		-		Remove			

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

L	☐ This Limited Partnership hereby elects to be a "Limited Liab	ility 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 infor	rmation, e	enter change(s)	here: (Attach	ı additional sı	heets, if n	iecessa	iry.)
· · · · · · · · · · · · · · · · · · ·							
Tee day to the day of the	C ("1"						
Effective date, if other than the dat (Effective date cannot be prior to nor mor State.)	.e 01 1111n re than 90	ig: days after the da	te this documen	t is filed by the	e Florida i	Departi	ment of
Signature(s) of a general partner	or all g	eneral partne	<u>rs*:</u>				
(*NOTE: Only one current general partr removing a "limited liability limited partr when adding or removing a "limited liabi	nership" ele	ection statement.	Chapter 620, F	S., requires a	rtnership i ll general	is addin partner	ig or s to sigr
Jane R. Wahster				·			
		-					<del>.</del>
Signature(s) of all new or dissoci	ating ge	neral partner	(s), if any:				<u> </u>
		-		<del> </del>	<del></del>		
		-					
		-	-				
		•			TAL	14	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				CRETARY OF LAHASSEE, F	DEC 22 AM I	Transfer Comments