A9900001542

	(Requestor's Name)	
	(Address)	
	(Address)	
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PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
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COVER LETTER

	Registration Division of C	Corporations			
SUBJI	ECT:	R.B. BuiLDING	んてる。 nership or Limited Liability		
	Na	me of Florida Limited Part	nership or Limited Liability	Limited Partnership	
The en	closed Certifi	cate of Amendment an	d fee(s) are submitted	for filing.	
Please	return all corr	respondence concernin	g this matter to:		
	MARK	T. Mu ST/AN Contact Person			
	00 0	Contact Person			
	N.D. 10	Firm/Company	•		
	1000 747	HAN ORIVE SU Address	-11 E 406		
	TALL	LUASSEE FI	2120		
	171207	HHASSEE, FL City, State and Zip Code	74708		
	MMUCH		4.		
E-	-mail address: (to	be used for future annual i	report notification)		
For fu	rther informat	ion concerning this ma	atter, please call:		
	MARK MY	ISTIAN	at (850) 2. Area Code and Days	24-4070	
	Name of Conta	act Person	Area Code and Dayt	ime Telephone Number	
Enclos	sed is a check	for the following amou	ant:		
S 52.	.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	-	
STRE	ET ADDRES	SS:	MAILING A	ADDRESS:	
_	ration Section		Registration		
Division of Corporations Division of Corporations Division of Corporations					
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					
			rallahassee,	rL 32314	
Tallah	assee, FL 323	3U1			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

R.B. Building Insert name currently on fi	IG LTD.		
Insert name currently on fi	le with Florida Depar	tment of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certification of the separate section 620.1202, F limited liability limited partnership, whose certification of the section 620.1202, F limited liability limited partnership, whose certification of the section 620.1202, F limited liability limited partnership, whose certification of the section 620.1202, F limited liability limited partnership, whose certification of the section 620.1202, F limited liability limited partnership, whose certification of the section 620.1202, F limited liability limited partnership, whose certification of the section of the section 620.1202, F limited liability limited partnership, whose certification of the section of the	cate was filed wit rida document nu	h the Florida Department of St mber <u>A990000154</u>	ate on
adopts the following certificate of amendment to	its certificate of li	mited partnership.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the l here:	imited partnership	or limited liability limited part	nership
New name must be distinguish	nable and contain an a	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or principal office address bares.	Limited Liability Lim	ited Partnership, L.L.L.P. or LLLP.	and/or
principal office address here:		A Company	
New Principal Office Address:		12 15 68	
(Must be STREET address)		√.: N	Triberts
New Mailing Address: (May be post office box)			Agrang
C. If amending the registered agent and/or regist new registered agent and/or the new registered office		s on our records, enter the nam	e of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida 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.

If Changing Registered Agent, Signature of New Registered Agent

D.	If amending t	he general	partner(s),	enter the	name	and	business	address	of each	general	<u>partner</u>	being
	ded or removed	_	_									

<u>Title</u>	Name	<u>Address</u>	Type of Action
GENERM PARTNER	ROBERT L. NABORS	1500 MAHAN DRIVE, SMITE 200 TALLAHASSEE FL 32;	
		323	Add Remove
			- Add
			A 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.)

Effective date, if other than the date o	of filing: han 90 days after th	e date this document is filed t	by the Florida Department c
tate.) Note: If the date inserted in this block does n			
e listed as the document's effective date on			itis, this date will not
Signature(s) of a general partner or	r all ganaral nas	rtnars*•	
*NOTE: Only one current general partner is emoving a "limited liability limited partners"	ship" election statem	nent. Chapter 620, F.S., requi	ed partnership is adding or ires all general partners to si
when adding or removing a "limited liability	limited partnership	" election statement.)	<i>ै</i>
ΔM			HAR.
//// / / / / / / / / / / / / / / / / /			Company Company
			I 200
			9 9
			- 5 6
			
Signature(s) of all new or dissociati	ing general part	tner(s), if any:	
01111			
14 1. John		_	
	 · · · · · · · · · · · · · · · · · ·		
	···		
Filing Fee: \$3	52.50		
Certified Copy (optional): \$3	52.50		
Certificate of Status (optional):	\$8.75		