

**BD1000000143**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

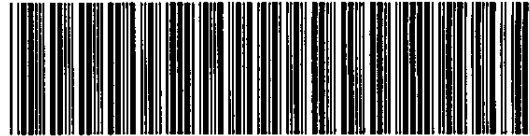
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/22/15--01021--009 \*\*105.00

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2015 OCT 30 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE. Culligan OCT 30 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2015

THE LAW OFFICE OF CRISTINA DE OLIVEIRA, PA  
2332 GALIANO STREET  
2ND FLOOR SUITE 103  
CORAL GABLES, FL 33134

SUBJECT: THE KNOB, LIMITED PARTNERSHIP  
Ref. Number: B01000000143

We have received your document for THE KNOB, LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 115A00022482

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Knob, Limited Partnership  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Cristina De Oliveira

Contact Person

The Law Office of Cristina De Oliveira, PA

Firm/Company

2332 Galiano Street 2nd Floor Suite 103

Address

Coral Gables, FL 33134

City, State and Zip Code

cdeoliveira@lawcdo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina De Oliveira at (305) 461-1660  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☒ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
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

FILED

2015 OCT 30 PM 2: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

The Knob, Limited Partnership

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B01000000143

2. The jurisdiction of its formation is: Maryland

3. The date the entity was authorized to transact business in Florida is: 04/18/2001

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Knob Limited Partnership

*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.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Red Barn Associates, Inc.

88 W Riverside Drive

☐ Add

☒ Remove

☐ Change

Jupiter, FL 33469

Lankler, Alexander

88 W Riverside Drive

☐ Add

☒ Remove

☐ Change

Jupiter, FL 33469

Roberta Lee Machette

P.O. Box 7228

☒ Add

☐ Remove

☐ Change

Arlington, VA 22207-0000

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: \_\_\_\_\_  
(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 of a general partner:

Roberta Lee Machette

Typed or printed name:

Roberta Lee Machette

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

FILED  
2015 OCT 30 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
OF  
THE KNOB, LIMITED PARTNERSHIP

The Knob, Limited Partnership, a Maryland limited partnership, hereby certifies to the State Department of Assessments & Taxation of Maryland that:

1. The name of the partnership is changed to:  
  
KNOB LIMITED PARTNERSHIP
2. The resident agent is unchanged and remains:  
  
Jeffrey M. Mervis  
12505 Park Potomac Avenue, 6<sup>th</sup> Floor  
Potomac, MD 20854
3. This Amendment has been approved by the Sole General Partner, Roberta Lee Machette.
4. The undersigned Roberta Lee Machette swears under the penalties of perjury that the foregoing is a corporate act.

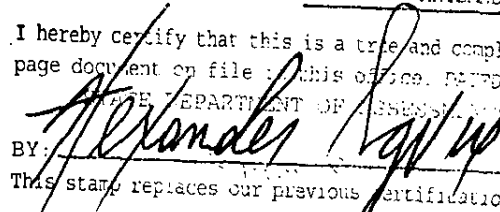
  
Roberta Lee Machette

CUST ID:0003183937  
WORK ORDER:0004400517  
DATE:12-18-2014 03:51 PM  
AMT. PAID:\$150.00

STATE OF MARYLAND

I hereby certify that this is a true and complete copy of the  
page document on file in this office. DATED: 9-9-15

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION:

BY:  , Custodian  
This stamp replaces our previous certification system. Effective: 6/95

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

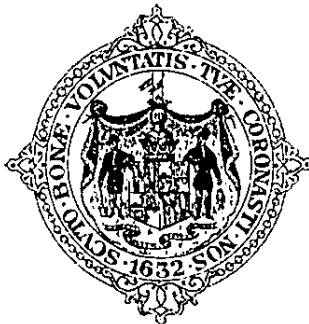
I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED PARTNERSHIPS, OR THE RIGHTS OF LIMITED PARTNERSHIPS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT KNOB LIMITED PARTNERSHIP, REGISTERED FEBRUARY 21, 1996, IS A LIMITED PARTNERSHIP EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED PARTNERSHIP IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 28, 2015.



Heidi Dudderar  
Associate Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097