

B08 000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

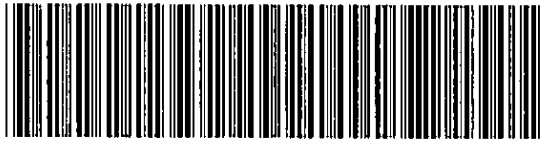
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 06/30/2023

eric DW

Acc#120160000072

Name:	MHC RESORT PARKS LIMITED PARTNERSHIP
Document #:	
Order #:	15015058 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:		
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 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **105.00**

Thank you!

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:

Update Principal Address to: 8529 Southpark Circle, Suite 320 Orlando FL 32819

Update Mailing Address to: 8529 Southpark Circle, Suite 320 Orlando FL 32819

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: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Donald Everett Butler II

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

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