

L0000001928743

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000192874 3)))



H140001928743ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3589

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARINER'S COVE MOBILE HOME PARK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 AUG 15 PM 12:45

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 15 A 10:49

FILED

Electronic Filing Menu Corporate Filing Menu

Help  
B. BOSTICK

AUG 18 2014

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H14000192874 3

**MARINER'S COVE MOBILE HOME PARK, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Dec. 18, 2000 and assigned  
Florida document number L00000015663

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

*The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."*

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

VCorp Services, LLC

New Registered Office Address:

5011 South State Road 7, Ste. 106

*Enter Florida street address*

Davie

*City*

Florida 33314

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

H14000192874 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James L. Bellinson	300 E. Maple Road, Suite 200	<input type="checkbox"/> Add
		Birmingham, MI 48009	<input checked="" type="checkbox"/> Remove
MGR	Riverstone Communities, LLC	300 E. Maple Road, Suite 200	<input checked="" type="checkbox"/> Add
		Birmingham, MI 48009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

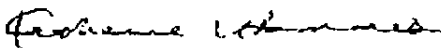
FILED  
2014 AUG 05 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* H14000192874 3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 7, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Katherine L. Hammers, Authorized Person

\_\_\_\_\_  
Typed or printed name of signer

FILED  
2014 AUG 15 A 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 3 of 3  
Filing Fee: \$25.00

H14000192874 3