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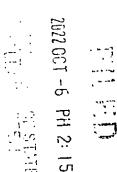
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A. BUTLER
JAN = 4 2023

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SOUTHER SUBJECT:	N SUN RV & MOBILE HOM	E PARK, LLC	,
Sobole .	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charles Guest		
		Name of Person	- 1
	SOUTHERN SUN RV &	are submitted for filing. matter to the following: Name of Person RV & MOBILE HOME PARK, LLC Firm/Company e Street, #61 Address 406 City/State and Zip Code com ddress: (to be used for future annual report notification olease call:	
		Firm/Company	
	1451 S Elm Eugene Street.	#61	
		Address	
	Greensboro, NC 27406		
		City/State and Zip Code	
	cguest1020@gmail.com E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c		
Charles Guest			
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration			ection
Division of C			
P.O. Box 632			•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN SUN RV & MOBILE HOME PARK, LLC

2022 OCT - 6 PH 2: 15

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

(A rior	ida ilimited iliability Company)	
The Articles of Organization for this Limited Liability Florida document number L01000009347		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1451 S Elm Unit # Co Gruensbon	Eugene St. 1 , Mc 27406
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:	Charles m Guest,	1.
New Registered Office Address:	11065 SE 69th T Enter Florida street address	errace
	Belleview, FI	orida 34420 Zip Code
31 D 1	• •	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Charles Guest	1451 S Elm Eugene Street, #61	■Add
		Greensboro, NC 27406	□Remove
			□Change
MGR Joann Caron	Joann Caron	11665-SE 69TH TERR	□Add
		BELLEVIEW. FL 34420	
			Change
			□Add
			Remove
			☐Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
		 	□ Add
			Remove
			Change
			□Add
			Remove
			□Change

rective date, if other than the date of filing: (optional)	
ective date, if other than the date of filing: [(optional)] reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lissument's effective date on the Department of State's records.	
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ective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 tes. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis urment's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	_
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Filing Fee: \$25.00