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SECRETARY OF STATE
ALLAHASSEE, FI OBIN

### **COVER LETTER**

Division of Corporations
SUBJECT: Tice Mobile Home Court, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANCI'S E. MROZ, Attorney At LAW Name of Person
Nolan + MROZ PLC Firm/Company
2301 Gallows Road, S. 200
Dunn Loring, VA 22027 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
fmroze Nmple, com at (703) 281-2600  Name of Person Area Code Daytime Telephone Number  P. Diane Carter direct dial 703 242-3985
P. Diane Carter direct dial 703 242-3985
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tice Mobile Home Cov (Name of the Limited Liability Company)	ny as it now appears on our records.)
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number £0400028499	were filed on $4/6/2004$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	151 N. River Drive East Jupiter, Florida 33458
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	OCT 21
New Registered Office Address:	Enter Florida street address
<u> </u>	, Florid
	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 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>	<u>Name</u>	Address	Type of Action			
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Filing Fee: \$25.00