. Division of Corporations Florida Department of State

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(((H140001930513)))



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Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone Fax Number

: (845)425-0077 : (845)818-3588

**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 WESTGATE MOBILE HOME PARK, LLC

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T. Burch AUG 1 9 2014

To FL DIVISION OF CORPORATIONS Page 2 of 5

2014-08-18 15.16:45 (GMT)

18886118813 From: Summer Van Pelt

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8/18/2014 8:19:29 AM PAGE

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Division of Corporations

August 18, 2014

VCORP SERVICES, LLC

SUBJECT: WESTGATE MOBILE HOME PARK, LLC

REF: H14000193051

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tim Burch Regulatory Specialist II

FAX Aud. #: H14000193051 Letter Number: 714A00017634

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P.O BOX 6327 - Tallahassec, Florida 32314

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

H140001930513

WESTGATE MOBILE HO					
(Nume of the Limite	ed Liability Compan (A Florida Limited L	y as it now appears on our recor iability Company)	(ls.)		
The Articles of Organization for this Limited Li Florida document number L04000080348	ability Company	were filed on Nov. 5, 200	04 and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with the v	vords "Limited Liabi	hty Company," the designation "L	LC" or the abbreviation "],,L,C."		
Enter new principal offices address, if application	able:		A SA		
(Principal office address MUST BE A STREE	T ADDRESS)		52 2 7		
Enter now mailing address if annii cable.			TASSEE.		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	30A)		STATE C		
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address here	;			
Name of New Registered Agent:	VCorp Serv	ices, LLC			
New Registered Office Address:	5011 South	State Road 7, Ste. 106			
	Dovide	Enter Florida street address			
	Davie	City, F	lorida 33314 Zip Code		
New Registered Agent's Signature, if changing R	legistered Agent:	•	·		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	er and complete stered agent as p registered office change.	performance of my duties, a rovided for in Chapter 605, address, I hereby confirm th ging Registered Agem, Signature	and I am familiar with and F.S. Or, if this document is hat the limited liability		
	Page 1	of 3			

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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>	Address	Type of Action
MGRM	James L. Bellinson	300 E. Maple Road, Suite 200	Add
		Birmingham, MI 48009	Remove
MGR	Riverstone Communities, LLC	300 E. Maple Road, Suite 200	∓ _■ Add
		Birmingham, MI 48009	Remove
			ARREMOVE COMMENTS
			ARY OF STATE ASSET FLORIDA
			☐ Add
			Add

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D. if amen	ding any other informati	ion, enter	change(s) here:	(Attach addition	al sheets, if necesso	<i>ту.)</i> Н	14000	0193051 3
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the date t	his document is filed by the Flo	rida Departn	nent of State)					
the date t	-	-	-	_ ·				
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