LOS 0000 85367

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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(Bu	isiness Entity Nam	e)
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COVER LETTER

TO: Registration So Division of Con			
	R TRAILER PARK, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steele Williams, Esq.		
		Name of Person	
	Steele T. Williams, P.A.		
	**	Firm/Company	
	1381 McAnsh Square		
		Address	.
	Sarasota, FL 34236		
		City/State and Zip Code	
	SteeleTWilliams@comca	st.net to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	·	Carlotty
Michael Osborne		21 (941) 361-	6680
Name o	nt Person	at (941) 36/- Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

HAVENER TRAILER PARK, LLC		
(<u>Name of the Limit</u>	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	ords.)
he Articles of Organization for this Limited Li lorida document number L05000085367	ability Company were filed on 8/5/2005	and assigned
his amendment is submitted to amend the follo	owing:	
. If amending name, enter the new name of	the limited liability company here:	
ne new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "Li	
nter new principal offices address, if applica	able:	6 81
Principal office address MUST BE A STREE	T ADDRESS)	三
		9 CV
		AM 8
nter new mailing address, if applicable:		9: 31:
Mailing address MAY BE A POST OFFICE I	<u></u>	<u> </u>
. If amending the registered agent and/		rds, enter the name of the r
egistered agent and/or the new registered of	nce address here:	
Name of New Registered Agent:	MICHAEL L. OSBORNE	
New Registered Office Address:		
.	Enter Florida street addi	ress
	,	Florida
	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.

Mucha J. J. Loru
If Changing Registered Agent, Signature of New Registered Agent

HIf 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
MGRM	MICHAEL L. OSBORNE, P.R.	2453 Guthrie Circle	
		Sarasota, FL 34235	■ Remove
			Change
MGR	MICHAEL L. OSBORNE	2453 Guthrie Circle	■ Add
		Sarasota, FL 34235	
			☐ Change
			□ Remove
			Change
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7/1/2018 fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than	i 90 days after filing.) Pursuant to 60	5.020
ote: If the date inserted in this block does not meet the applicable statutory filing requirectment's effective date on the Department of State's records.	rements, this date will not be lis	ited a
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the earl	ier c
ated 7- / 2018		
Signature of a member or authorized representative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00