

LD6000042321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

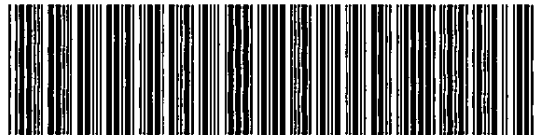
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Calligan AUG 20 2009

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SHADY LAWN MOBILE HOME PARK, 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:

DAN MARZANO
Name of Person
COSCULLUELA & MARZANO, P.A.
Firm/Company
14211 COMMERCE WAY, SUITE 300
Address
MIAMI LAKES, FLORIDA 33016
City/State and Zip Code
DMARZANO@CMPALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN MARZANO at (305) 817-2170
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED

09 AUG 19 PM 12:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SHADY LAWN 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 04/21/2006 and assigned Florida document number L06000042321.

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)

730 TABOR DRIVE

SCOTTS VALLEY, CA 95066

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRIS BROEMAN	2109 NE 67 STREET FORT LAUDERDALE, FLORIDA 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BEVERY EMMING	2520 SE 8 STREET POMPANO BEACH, FLORIDA 33062	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DONALD K. HUNT	730 TABOR DRIVE SCOTTS VALLEY, CA 95066	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LIDO MARIETTI TRUSTEE	730 TABOR DRIVE SCOTTS VALLEY, CA 95066	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Aug 14, 2009

Chris Broeman
Signature of a member or authorized representative of a member

CHRIS BROEMAN
Typed or printed name of signee

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TALLAHASSEE FLORIDA

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