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## **COVER LETTER**

	gistration:Se vision of Cor			<b></b>
SUBJECT:	North Bay	Mobile Home Living, LLC		•
SUBJECT		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		George Baber		
		•	Name of Person	
		North Bay Mobile Home I	Living, LLC	
			Firm/Company	<del></del>
		4602 Carla Lane		
			Address	
		Panama City, Florida 3240	05	
			City/State and Zip Code	<del></del>
		northbaymhl@gmail.com	to be used for future annual report no	
Car further i	nformation a	oncerning this matter, please c	-	ouncation)
		oncerning this matter, please c		
George Baber		850 896-8336 at ()		
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a	a check for th	ne following amount:		
<b>■</b> \$25.00 I	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)
	<u>iling Addres</u> gistration S		Street Address: Registration S	ection
Div	vision of C	orporations	Division of Co	
P.C	D. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Bay Mobile Home Living, 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  $\frac{01/18/2008}{1}$ \_\_\_ and assigned Florida document number \_\_\_\_L08000007362 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 contain 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) 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

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 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
MGR	KAREN BABER	2683 SOPHIA COURT	□Add
		AUBURN, ALABAMA 36830	■Remove
			□Change
MGR	BRAAG, LLC	4602 CARLA LANE	\(\vec{\vec{\vec{\vec{\vec{\vec{\vec{
		PANAMA CITY, FLORIDA 32405	□Remove
			□Change
MGR	GAARB, LLC	4602 CARLA LANE	<b>=</b> Add
		PANAMA CITY, FLORIDA 32405	□ Remove
			{]Change
	<del></del>		□Add
			□Remove
			□Change
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	<del></del>		□ Add
			□Remove
			□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e recoi rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	January 2021
	Signature of a member or authorized representative of a member
	George Baber
	Typed or printed name of signee

• • •