L08000033903

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SECRETARY OF SIGNED ON JISTON OF CORF CARRIED STATES

C. LEWIS

JAN 1.5 2013

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations

Tanglewood Mobile Estates 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:

William B Morgan

Name of Person

Tanglewood Mobile Estates LLC

Firm/Company

5100 Orange Avenue

Address

Port Orange, FL 32127

City/State and Zip Code

tanglewoodmobileestates@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William B Morgan

₃₁,386,7**61-**18

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



2013 JAN 14 PM 3: 30

Tanglewood Mobile Estates 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 Lia	bility Company were filed on 04/03/2	008 and assigned
Florida document number L08000033903	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	0	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William B Morgan	5145 Orange Ave	Add
		Port Orange, FL 32127	Remove
MGRM	Imogene Powell	2501 S. Peninsula Drive	✓ Add
		Daytona Beach, FL 3211	
			Remove
			Add
			Remove
			Add
			_ Remove
			Add
			Remove

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	1-11-13		
Dated	<u></u>		
Dated	Signature of a member of authorized representative of a member	,	

Page 3 of 3

Filing Fee: \$25.00