## 108000080283

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DIVISION OF CORPORATION

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## **COVER LETTER**

	egistration Sec ivision of Corp			
cup ice	Fairview MI	HP. LLC		
SUBJECT	;	Name of Limit	ted Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retu	rn all correspon	dence concerning this matter t	o the following:	
		Joseph Suchyta, Esq.		
			Name of Person	
		Law Office of Joseph Such	yta, PA	
			Firm/Company	
		6766 BARRIER REEF ST.		
			Address	
		LAKE WORTH, FL 33467		Mone 561439-5830
			City/State and Zip Code	
		manufacturedhousinggroup@		
		E-mail address: (to	o be used for future annual repor	rt notification)
For further	information co	ncerning this matter, please ca	11:	
Michael G	ottlieb		561 439583 at ()	<u> </u>
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is	s a check for the	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

Fairview M	MHP, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L08000080283}}{\text{L08000080283}}$ .	were filed on August 21, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SE COL TA SE COL TA 18 JUN 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		70 A THE
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>.</u>
	. Florida	
<del></del> -	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.

If Changing Registered Agent, Signature of New Registered Agent

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
MGRM	MICHAEL I. GOTTLIEB	160 Congress Park Drive, Ste. 214	
		Delray Beach, FL 33445	■ Remove
			□ Change
MGR MICHAEL GOTTLIEB	160 Congress Park Drive, Ste. 214		
		Delray Beach, FL 33445	□ Remove
			Change
			Add
		<del></del>	🗆 Remove
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Effective date, if other than the (If an effective date is listed, the date mu	date of filing:		(option	ial)	: 0207 (
Note: If the date inserted in this b document's effective date on the D	lock does not meet the a	pplicable statutory	filing requirements, this	late will not be liste	ed as th
the record specifies a delaye ) The 90th day after the rec		it not an effecti	ve time, at 12:01 a.	m. on the earlie	er of:
Dated June 27	2018				
Dated	,	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00