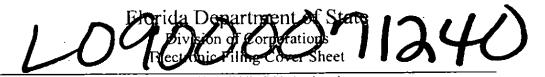
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001782373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (050)617-6383

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE

Account Number: I19990000148 : (813)769-7692 : (813)223-6121 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

40

LLC AMND/RESTATE/CORRECT OR M/MG RESIG MOBLEY HOMES TAMPA, LLC

Certificate of Status	0
Certified Copy	111
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help SIMMONS JUN 1 5 7018

FAX Audit #H180001782373

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOBLEY HOMES TAMPA, LLC			
(Name of the Limi	(A Florida Limited Liability	Company)	
The Articles of Organization for this Limited I	iability Company were t	filed on July 24, 2009	and assigned
Florida document number L09000071240	 ·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name (of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or the	abbreviation "L.I.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:		_ 	60
(Malling address MAY BE A POST OFFICE	<u> BOX)</u>		<u> </u>
			
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office a office a office address here:	ddress on our records, <u>ent</u>	er the name of the
Name of New Registered Agent:			
New Registered Office Address:	401 East Jackson Stre	<u> </u>	
		Enter Florida street address	
	Tampa	, Florida	33602 Zin Code
	_	ity	Д р Соае
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 affice address, I hereby confirm that the limited liability company hus been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FAX Audit #H180001782373

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>	Name	Address	Type of Action
MGRM	M TAMPA, L.L.C.	14824 North Florida Avenue	
		Tampa, FL 33613	■ Remove
			☐ Change
MGR	Timothy F. Mobley	14824 North Florida Avenue	
-		Tampa, FL 33613	
			Change
			☐ Remove
			☐ Change
			Add
			□ Rêmove
			□ Change
			DAdd
			□ Rcmove
			Change
			D Add
		<u> </u>	[] Remove
			Change

FAX Audit #H180001782373

	•	
		<u> </u>
		<u> </u>
·-··	· · · · · · · · · · · · · · · · · · ·	9 4
te: If the date inserted in the	n the date of filing: e must be specific and cannot be prior to date of his block does not meet the applicable stat he Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0 autory filing requirements, this date will not be listed
record specifies a dela he 90th day after the	ayed effective date, but not an ef record is filed.	fective time, at 12:01 a.m. on the earlier
June ted	$\frac{12}{1}, \frac{2018}{1}$	
	1 / 1	
	Signature of a tiphriber or authorized rep	presentative of a member

Page 3 of 3

Filing Fee: \$25.00