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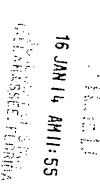
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## **COVER LETTER**

Division of Corp	orations						
SUBJECT: KWD	Mobile Home	Service LLC					
	Name of Limite	ed Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspon	dence concerning this matter to	the following:					
	Kevin W	Dufur	<del>,,, , , , , , , , , , , , , , , , , , </del>				
		Name of Person					
	KWD Mol	oile Home Ser	ice				
		Firm/Company					
	2260 Was	shington Ct					
		Prings FL 320 City/State and Zip Code	×43				
	E-mail address: (to	be used for future annual report no	otification)				
For further information co	ncerning this matter, please cal	1:					
Kevin W Du	ifier	at (904) 86	3-4518				
Name of	Person	Area Code Dayti	me 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:

TO:

Registration Section

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

KWD Mobile Home	Service LLC		
(Name of the Limited Liability Compa (A Florida Limited I			
The Articles of Organization for this Limited Liability Company Florida document numberL09000 78881	\$ 10 ===0	and assigne	ed be
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the at	obreviation "L.L.C."	"
Enter new principal offices address, if applicable:	2260 Washington Ct Green Care Spgs, FL 32043		
(Principal office address MUST BE A STREET ADDRESS)	Green Cove Spgs, Fl	_ 32043	<u>,                                      </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2260 Washington Green Cove Spas, FL	C <del>l</del> 32043	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	******	the name of	the new
Name of New Registered Agent:		J. S.	
New Registered Office Address:		6 J	
New Registered Office Address.	Enter Florida street address , Florida	3853% 7 1 1 N	e de la company
<del></del>	City	Zip Cod	
New Registered Agent's Signature, if changing Registered Agent:		[] [] [] [] []	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	gree to co <b>mp</b> ly v familiar with a , if this docume	nd

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 **Type of Action** <u>Title</u> **Name Address** 2299 Stauffor Rd Andrew H Stephenson MGRM Green Core Syns, FL 32043 Dremove ☐ Change Conrad E Dillon JR 8319 Chason Rd E DAG AHBR Jacksonville, FL 32244 ☐ Change □ Add □ Remove □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	y.)		
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		×	
	A Company	: 55	****
E. Effective date, if other than the date of filing:	) g.) Pursuant	to 605.0	0207 (3)(b d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the	earlie	r of:
Dated January 11. 2016.			
Signature of a member or authorized representative of a member  Nevin Wayne Dufut  Typed opprinted name of signee			

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Filing Fee: \$25.00