

DIVISION OF CORPORATIONS Page 1 of 4 2014-08-15 13:39:26 (GMT-07:00) 113118812 From: 2014-08-15 13:39:26 (GMT-07:00) Page: 1 of 1  
 Division of Corporations  
**LS9 0000 93757**  
 Florida Department of State

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : VCCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address:

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BOARDWALK RV AND MOBILE HOME RESORT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BOARDWALK RV AND MOBILE HOME RESORT, 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 SEPT. 28, 2009 and assigned  
Florida document number L09000093757

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 end with 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:

VCorp Services, LLC

New Registered Office Address:

5011 South State Road 7, Ste. 106

Enter Florida street address

Davie

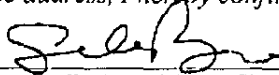
City

Florida 33314

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James L. Bellinson	300 E. Maple Road, Suite 200	<input type="checkbox"/> Add
		Birmingham, MI 48009	<input checked="" type="checkbox"/> Remove
MGR	Riverstone Communities, LLC	300 E. Maple Road, Suite 200	<input checked="" type="checkbox"/> Add
		Birmingham, MI 48009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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STATE OF FLORIDA  
SECRETARY OF STATE  
CORPORATION DIVISION

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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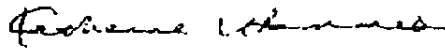
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 7, 2014



Signature of a member or authorized representative of a member

Katherine L. Hammers, Authorized Person

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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