Division of Corporation.

Division of Corporations
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| _ | | | L. SELL |
|-------|----------------|------------------------|--------------------|
| To 1 | Division of Co | | ~~LLF |
| | Fax Number | : (850)617-6383 | T. SELLER |
| From: | | | EXAMINER |
| | Account Name | . BLALOCK, WALTERS, HE | LD JOYNBON, AP. A. |
| | Account Number | : 076666003611 | MINIAIR |
| | Phone | : (\$41)748-Q1GO | """IVED |
| | Fax Number | ; {941}745-2093 | ・レハ |

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ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANATEE MOBILE RV REPAIR SERVICE, LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MANATEE M | MOBILE RV REPAIR SERVICE, LLC | |
|----------------------|--|--|
| (Name of the Limited | Liability Company as it now appears on our records.) | |

| (A Florida Limite | d Liability Company |) | |
|---|---|---|------------------------------------|
| The Articles of Organization for this Limited Liability Compa | my were filed on | June 7, 2010 | and assigned |
| Plaridz document numberL10000080685 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited it | ability company h | yre; | |
| MANATEE MOBILE RV | REPAIR SERVI | CES, LLC | |
| The new name must be distinguishable and end with the words "Li"L.L.C." | imited Liability Comp | pany," the designation "LL | C" or the abbreviation |
| 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 OF FICE BOX) | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address have not New Registered Agent: | office address on are: | our records, enter the | name of the new |
| New Registered Office Address: | | | |
| | P) | nter Florida street addre | 33 |
| | - <u></u> | , Planda | Zip Code |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | | |
| I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been natified in writing of this change. | uplete performance r provided for in C | of my duties, and I am hapter 608, F.S. Or, if | familiar with and this document is |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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SECRETARY OF STA

. . . .

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

| MGR = M MGRM = | anager Managing Member | | |
|-------------------|--|--|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
| | | | Add Remays |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add |
| D. If amer | nding any other information, enter chang | e(s) here: (Attach additional sheats, if necessary.) | |
| | · | | |
| | | | |
| | | | |
| Dated | 7- | of a member | |
| | BRENT T. HOARD, ESC | AUTHORIZED REPRESENTATIVE | |
| | Туред | or printed name of signes Page 2 of 2 | |
| | | > 116 m A F m | |

Filing Fee: \$25,00

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