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2011 JUL 25 BM 2 21
SECRETARY OF STATE

C. LEWIS

JUL 2 6 2011

EXAMINER

COVER LETTER

Division of Corpo	rations
SUBJECT:	RV PARK INVESTORS LLC
	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	MICHAEL P. WOOD Name of Person
	MRV PARK INVESTORS LLC Firm/Company
	P. O. Box 1462
	INVERNESS, FL 34451
-	TNVERNESS, FL 34451 City/State and Zip Code Mwoodzo C fampabay. rr. com E-mail address: (to be used for future annual report notification)
For further information cond	perning this matter, please call:
MI CHAEL Name of Pe	rson at (813 312 - 4274 Area Code & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount: \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



		LLC 2011 JUL 25 RM 22 24		
(Name of the Limi	ited Liability Company as it now appe (A Florida Limited Liability Company	TALLAHASSEE. FLORIDA		
The Articles of Organization for this Limited Florida document number	d Liability Company were filed on	7//// and assigned		
This amendment is submitted to amend the f	following:			
A. If amending name, enter the new name	e of the limited liability company h	ere:		
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if app	plicable:			
(Principal office address MUST BE A STR	EET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	<u></u>			
B. If amending the registered agent arregistered agent and/or the new registered		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	1	Enter Florida street address		
	City	, Florida Zip Code		
	Cuy	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 608, 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 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 = Manager MGRM = Managing Member **Title Type of Action Name** Address RANDY KILGORE 5462 COMPASS POINTED Add

OKFORD, FL 34484 DREMOVE RANDY KILGORE 5462 COMPASS POINTE WAD ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE ABOVE CHANGE IS JUST A TITLE CHANGE FOR RANDY KILGORE FROM MANAGING MEMBER TO MANAGER EFFECTIVE Dated JULY 20 Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00