L11000142996

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ity/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



500237826135

07/30/12--01027--011 **30.00

12 AUG -3 PH 4: 11
SECRETARY OF STATE
ALL AUGUSTS

C. LEWIS

AUG - 6 2012

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Sorporations	No. of the second	de		
end recent	MK MOBILE HOME	PARK PROPERTIE	SHC		
SUBJECT:		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Picase return all corres	pondence concerning this matter	to the following:			
		SHYAM KOTWAL			
		Name of Person			
SHYAM KOTWAL, CPA, PA					
Firm/Company					
13574 VILLAGE PARK DR, SUITE 255					
		Address			
	ORLANDO, FL. 32837				
City/State and Zip Code					
	E-mail address: (DTWAL@CFL.RR.COM to be used for future annual report	notification)		
For further information	n concerning this matter, please of	eall:	•		
SH	IYAM KOTWAL	at (407)	888-4720		
	e of Person		aytime Telephone Number		
		1			
	r the following amount:				
S25.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327	Registration S Division of C Clifton Buildi	orporations ng		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

S/5:9664

O: TRONGHOPPING

CT !! OC

DG-06-CD12 ID: ID FFOM: XEXUX

Shyam"Sam"Kotwal, CPA, PA

skotwal@cpakotwal.com

13574 Village Park Drive, Suite 255, Orlando Florida 32837 - [407] 888-4720

Fax: (407) 888-4719

REGISTRATION SECTION DIVISION OF CORPORATIONS P.O.BOX 6327 TALLAHASSEE, FL. 32314

REF: Name Amendment - MK MOBILE HOME PARK PROPERTIES LLC (L11000142996)

To Whom It May Concern

On Dec 21, 2011 we opened 2 companies with similar name in error. We continued and renewed MK MOBILE HOME PARK PROPERTIES LLC (L11000142996) in 2012.

We are filing the name change to MK MOBILE HOME PROPERTIES LLC.

MK MOBILE HOME PROPERTIES LLC (L11000142852) in fact had the same ownership but we never did any business and will be inactive very soon.

Since it is the same ownership, please allow the name change from MK MOBILE HOME PARK PROPERTIES LLC, (L11000142996) to MK MOBILE HOME PROPERTIES LLC.

If any questions please call me at 407-888-4720 or 407-408-9129.

July 27, 2012

Shyam Kotwal, CPA)

12 AUG -3 PM 4: 11
SECRETARY OF STATE
AND ASSEE, FLORIDA

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

FILED

12 AUG -3 PM 4: 12

MK MOBILE HOME PARK PROPERTIES LECETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) SSEE. FLURIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	12/21/2011	and assigned
Florida document numberL11000142996			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
MK MOBILE HOME F	PROPERTIES	LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	10515 BASTILLE LANE		
(Principal office address MUST BE A STREET ADDRESS)	APT #101		
	ORLANDO,	FL. 32839	
Enter new mailing address, if applicable:	10515 BAST	ILLE LANE	
(Mailing address MAY BE A POST OFFICE BOX)	APT #101		
	ORLANDO,	FL. 32839	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		our records, <u>enter t</u>	he game of the new
New Registered Office Address:	Enter Florida street address , Florida City Zip Code		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this c	capacity. I further agi	ree 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 ohligations 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

Page 1 of 2

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:

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGRM MOHAMMED A. KHAN 10515 BASTILLE LANE ☑ Add APT # 101 Remove ORLANDO, FL. 32839 MOHAMMED I. KHAN MGRM 6401 CROPPING ST. APT 2109 WINTER GARDEN FL 34787 ☐ Add ☐ R¢move ∏Add ☐ Remove Remove ₽₽¥ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member SHYAM KOTWAL, CPA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager