

L12 000107427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

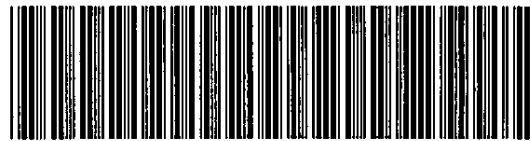
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/7 spoke to Kelly to set
RA address (SW)

Office Use Only



000289728750

09/06/16--01011--028 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 P 1:05

FILED

S Warren

SEP 07 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTRAL FLORIDA MOBILE HOME BROEKRS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KELLI M CONTE

Name of Person

Firm/Company

PO BOX 34

Address

WIMAUMA, FL 33598

City/State and Zip Code

CONTEHOMES2@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLI M CONTE

813 362-5601

Name of Person at () Area Code Daytime 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:
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**

CENTRAL FLORIDA MOBILE HOME BROEKRS, 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 08/17/2012 and assigned
Florida document number L12000107427.

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 contain 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)

FILED
2011 SEP - 6 P 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

KELLI M CONTE

New Registered Office Address:

2011 J Street

Enter Florida street address

WIMAUMA

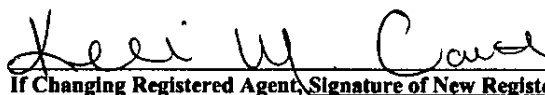
City

Florida 33598

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MILDRED ETHEL COTON	12528 TWIN BRANCH ACRES R	☐ Add
		TAMPA, FL 33626	☒ Remove
			☐ Change
AMBR	KELLI M CONTE	PO BOX 34	☒ Add
		WIMAUMA, FL 33598	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2016 SEP -5 P 05
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
☐ Change
☐ Add
☒ Remove
☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: 09/01/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 01, 2016

Heidi M. Cane
Signature of a member of

Signature of a member or authorized representative of a member

KELLI M CONTE

Typed or printed name of signee

FILED
2018 SEP - 6 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA