# 12000160258

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone#	<del> </del>
<u>_</u>	WAIT	MAIL
(Bu	siness Entity Name	)
. (Do	cument Number)	
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WALLAHASSEE.FLORIDA

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2013

TRENT GOSS 10912 N 56TH STREET TEMPLE TERRACE, FL 33617-3004

SUBJECT: LIVE OAKS MOBILE PARK LLC

Ref. Number: L12000160258

We have received your document for LIVE OAKS MOBILE PARK LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 513A00000157

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LIVE OAKS MOBILE HOME PARK 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:	
TRENT C. GOSS  Name of Person	
Firm/Company	
10912 NSGTH STREET Address	
TEMPLE TERRACE FL 33617-3004  City/State and Zip Code  Sharon & Sks-management.com  E-mail address: (to be used for future annual report notification)	
Sharone SKS - management com E-mail address: (to be used for future annual report notification)	Enemand of the Control of the Contro
For further information concerning this matter, please call:	F-1
Sharone Sks-management.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon S IMICICH Name of Person  Area Code & Daytime Telephone Number  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

	E PARK LLC Company as it now appears mited Liability Company)	on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>DE</u>	<u>CEMBER 24.2012</u> an	d assigned
Florida document number <u>L 12000 160 258</u>	,	,	· ·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:	LIVE CAKS MOB	ILE HomePark
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	AL SE	201
		AAR HV	-
Enter new mailing address, if applicable:		ARY (	5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	ر N نیا روانه	
		22 N	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		r records, enter the na	me of the new
Name of New Registered Agent:			
New Registered Office Address:	Finto	r Florida street address	<del></del>
	Eme		,
	City	, Florida Zip	Code
New Registered Agent's Signature, if changing Registered	•	•	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			S S Add
			AARE ARE Remove
•			Remove-
•			Remove-
			Remove
			Add
			Remove
			Add
	·		Remove

CEMBER 27, 2012.
Signature of a member or authorized representative of a member
Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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