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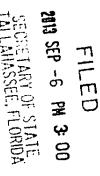
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SURJECT

## Hickory Grove 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:

Craig Wittman

Name of Person

Firm/Company

14488 Snow Memorial Hwy.

Address

Brooksville, Fl. 34601

City/State and Zip Code

cwittman79@gmail.com

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

For further information concerning this matter, please call:

Craig Wittman

<sub>...</sub>352、428-9668

Name of Person

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**

FILED

2013 SEP -6 PM 3: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Hickory Grove Mobile Home Park 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 July 2	6,2013 and assigned
Florida document number L13000106143	<del></del> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	Florida street address
-		, Florida
	City	Zip Code
New Registered Agent's Signature if changing Register	ed Agents .	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Craig Wittman	14488	✓ Add
		Snow Memorial Hwy	Remove
		Brooksville, Fl. 34601	_
	···		Add
			Remove
			<del></del>
<del></del>			Add
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			,	
September 3,	2013			<u>.</u>
Cathryn Sot	e of a member or authorize	d representative of a	member	
Cathryn Gottier	e of a memoer of damonize	a representative of a	incinoci	
Cathryn Gottier	Typed or printed no	J		

rage 5 of 5

Filing Fee: \$25.00

SECRETARY OF STATE

FILED
200 SEP -6 PN 3:00