

L13000121421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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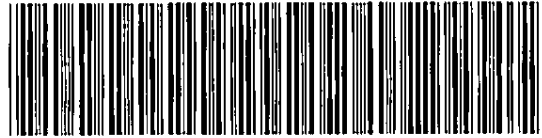
(Business Entity Name)

(Document Number)

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Andrew L. Reiff, P.A.

ATTORNEY AND COUNSELOR AT LAW

OFFICE LOCATION:
SUITE 730
135 W. CENTRAL BLVD.
ORLANDO, FLORIDA 32801
INTERNET: AREIFF3586@AOL.COM

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P.O. Box 1059
ORLANDO, FLORIDA 32802-1059
TELEPHONE: (407) 423-8183
FACSIMILE: (407) 425-1508

April 4, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Smith Lake Sales LLC
Document Number L13000121421
Amendment to Articles of Incorporations

Dear Sir or Madam,

Enclosed please find the Third Amendment to Articles of Incorporations of Cypress Harbor Mobile Home Park, Inc. to be filed with the State of Florida Division of Corporations.

Also enclosed please find the Division of Corporations Cover letter and my firm's operating account check number 16407 in the amount of \$25.00 dated April 4, 2023 made payable to the Florida Department of State for the filing fee.

If you have any questions, please do not hesitate to call me.

Sincerely,



Andrew L. Reiff

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W:\CORPORATE\SMITH LAKE SALES LLC\ACCT DIV OF CORP ARTICLES OF AMENDMENT COVER LETTER 11-11-2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMITH LAKE SALES 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:

Andrew L. Reiff

Name of Person

Andrew L. Reiff, P.A.

Firm/Company

135 W. Central Blvd. Ste 730

Address

Orlando, FL 32801

City/State and Zip Code

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

For further information concerning this matter, please call:

Andrew L. Reiff

407
at ()
Area Code

423-8183

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SMITH LAKE SALES 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 August 27, 2023 and assigned
Florida document number L13000121421.

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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
MGR	Lori Jones	Weeping Willow Ranch- Management Office	<input checked="" type="checkbox"/> Add
		6801 South La Grange Rd.	<input type="checkbox"/> Remove
		Hodgkins, IL 60525	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FL
ADD
REMOVE
CHANGE

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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.

Andrea Sara
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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