Office Use Only



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T GLASS JUL 0 3 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 828586 7888723

AUTHORIZATION

COST LIMIT : \$\sqrt{55.00}

ORDER DATE : July 1, 2019

ORDER TIME : 8:58 AM

ORDER NO. : 828586-005

CUSTOMER NO: 7888723

DOMESTIC AMENDMENT FILING

NAME: MHPI IV, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations				
MHPI IV,	LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	David H. Reynolds				
		Name of Person			
	MHPI IV, LLC				
		Firm/Company		2	
	110 NW 2nd St.		:	2019 JUL -2	
		Address			_
	Cedaredge, CO 81413			~ ∓*	ווירט
		City/State and Zip Code		EM 10: 0:6	
	jwagner@impactmhc.com	16.6	· <del>········</del>	) ; ; 90 :	
For further information of	e-man address: (t	to be used for future annual report not	incauon)		
Julie Wagner	, , , , , , , , , , , , , , , , , , ,	970 856-4397			
Name o	of Person	at () Area Code Daytin	ne Telephone Number	_	
Enclosed is a check for t	he 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 Certificate of Certified Cop (additional copy	Status & by	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINTI IV, ELC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L13000170232	were filed on 12/9/2013	and assigned
orida document number  L13000170232  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Cedaredge, CO 81413  P.O. Box 457		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designation "LLC"	or the abbreviation "LLC"
Enter new principal offices address, if applicable:	· · ·	of the above viation   E.E.C.
Principal office address MUST BE A STREET ADDRESS)	Cedaredge, CO 81413	2019
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		2 660
		, enter the name of the new
New Registered Office Address:	Enter Florida street address	
	•	orida
	City	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>	Address	Type of Action
Manager	MHP Portfolio, LLC		_ □ Add
<del></del>		2875 S Orange Ave, Suite 500 #4080 Orlando, FL 32806	■ Remove
			Change
Manager	RV Horizons, Inc	110 NW 2nd St, Cedaredge CO 81413	<b>●</b> Add
			Remove
			Change
Manager	Mile High MHC Management, LLC	110 NW 2nd St, Cedaredge CO 81413	<b>●</b> Add
			Comove
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ote: If the date inserted in th	the date of filing:  must be specific and cannot be prior to date of filing is block does not meet the applicable statutory to be Department of State's records.		
e record specifies a dela The 90th day after the	yed effective date, but not an effective record is filed.	ve time, at 12:01 a.m. on the earl	ier of:
ated July 1	. 2019		
	Out of the second of the secon		
	Signature of a member or authorized representa	ative of a member	
	David H. Reynolds		

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Filing Fee: \$25.00