

4/3/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MHPI IV, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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APR 06 2020

COVER LETTER**H20000100211 3**

TO: Registration Section
Division of Corporations

SUBJECT: MHPI IV, 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:

David H. Reynolds

Name of Person

MHPI IV, LLC

Firm/Company

110 NW 2nd St

Address

Cedaredge, CO 81413

City/State and Zip Code

jwagner@impactmhc.com

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

For further information concerning this matter, please call.

Julie Wagner

970 856-4397
at ()

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

H20000100211 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H20000100211 3

MHPI IV, 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 12/9/2013 and assigned
Florida document number L13000170232.

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:

110 NW 2nd St

(Principal office address MUST BE A STREET ADDRESS)

Cedaredge, CO 81413

Enter new mailing address, if applicable:

P.O. Box 457

(Mailing address MAY BE A POST OFFICE BOX)

Cedaredge, CO 81413

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

_____, Florida _____
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

H20000100211 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: **H20000100211 3**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	MHP Portfolio, LLC	2875 S Orange Ave, Suite 500 #4080 Orlando, FL 32806	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Manager	RV Horizons, Inc	110 NW 2nd St, Cedaredge CO 81413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Manager	Mile High MHC Management, LLC	110 NW 2nd St, Cedaredge CO 81413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

1D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

H20000100211 3

E. Effective date, if other than the date of filing: _____ (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 July 1, 2019

Signature of a member or authorized representative of a member

David H. Reynolds

Typed or printed name of signee