

**1400002216**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: SCS@SWBCL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PL MHP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Feb. 11. 2014 10:56AM

SALVATORI & WOOD

No. 0867 P. 2/5

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PL MHP, 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:

LEO J. SALVATORI, ESQ.

Name of Person

SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES

Firm/Company

9132 STRADA PLACE, FOURTH FLOOR

Address

NAPLES, FL 34108

City/State and Zip Code

SCS@SWBCL.COM

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

For further information concerning this matter, please call:

LEO J. SALVATORI

Name of Person

at (239) 552-4100

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

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

PL MHP, 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 FEBRUARY 10, 2014 and assigned  
Florida document number L14000022162.

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 end with 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)

9132 STRADA PLACE

FOURTH FLOOR

NAPLES, FL 34108

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9132 STRADA PLACE

FOURTH FLOOR

NAPLES, FL 34108

**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:

SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES

New Registered Office Address:

9132 STRADA PLACE, FOURTH FLOOR

*Enter Florida street address*

NAPLES

*City*

, Florida 34108

*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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	FAIRVIEW HOLDINGS I, LLC	2670 HORSESHOE DRIVE NORTH	<input type="checkbox"/> Add
		NAPLES, FL 34104	<input type="checkbox"/> Remove
MGR	FAIRVIEW HOLDINGS I, LLC	9132 STRADA PLACE	<input type="checkbox"/> Add
		FOURTH FLOOR	<input type="checkbox"/> Remove
		NAPLES, FL 34108	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 11, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LEO J. SALVATORI, AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

STATE  
TALLAHASSEE  
FEB 11 2014

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