

L14000192566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100274716961

07/17/15--01017--021 \*\*25.00

FILED

2015 JUL 17 P 4: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 20 2015  
D. BRUCE



**TROIANO & ROBERTS, P.A.**

ATTORNEYS AT LAW  
317 S. TENNESSEE AVENUE  
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2006)  
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO  
NICHOLAS J. TROIANO  
LAURIANE CICCARELLI

TELEPHONE (863) 686-7136

FAX (863) 686-9157

WEBSITE: WWW.TROIANOLAW.COM

July 16, 2015

OVERNIGHT DELIVERY  
VIA FEDERAL EXPRESS

Division of Corporations  
Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Northridge MHP, LLC

Dear Sir/Madam:

Enclosed with this letter please find the following:

1. Articles of Amendment to Articles of Organization for the above referenced entity.
2. Check in the amount of \$25.00 representing filing fees.

Kindly assist us by seeing that said Articles of Amendment are properly filed as soon as possible.

Thank you for your assistance. Should you have questions or comments, please contact our office.

Sincerely,

Victor J. Troiano

/p  
Enclosures

FILED  
2015 JUL 17 P 4: 29  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

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

NORTHRIDGE 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 12/17/2014 and assigned  
Florida document number L14000192506.

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 "L.L.C." 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)

**FILED**  
2015 JUL 17 P 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Adam E. McGavin

New Registered Office Address: 6309 Cypress Gardens Blvd #149

Enter Florida street address

Winter Haven, Florida 33884

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.*

*Adam E. McGavin*

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>
AMBR	Joseph Mcavin	2560 62nd Ave. North, Lor 319	<input type="checkbox"/> Add
		St. Petersburg, FL 33720	<input checked="" type="checkbox"/> Remove
		6309 Cypress Gardens Blvd #14	<input type="checkbox"/> Change
MGR	Adam E. McGavin	Winter Haven, FL 33884	<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

FILED  
 2018 JUL 07 PM 4:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

ד  
ר  
מ  
ס

2015 JUL 17 P 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ Filing Date \_\_\_\_\_ (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 6, 2015

Adam E. Meyers

Signature of a member or authorized representative of a member

**Adam E. McGavin**

Typed or printed name of signee