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COVER LETTER .

Div	ision of Corpo	orations				
SUBJECT:	HOU3E MOI	BILE HOMES LLC				
Name of Limited Liability Company						
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted	for filing.		
Please return	all correspond	dence concerning this matter t	to the	following:		
		VITALIY PERSHIN				
		-		Name of Person		***************************************
				Firm/Company		.
		5770 NW 60TH AVE #E-2	211			
				Address	·	
		TAMARAC FL 33319				
				State and Zip Code		······································
		PERSHINFL@GMAIL.CO		sed for future annual r	4:4:4:	
		·		sed for future annual r	ероп пописано	n)
For further in	nformation cor	ncerning this matter, please ca	all:			
VITALIY P	ERSHIN			954 614	1-0878	
	Name of I	Person		at ()	Daytime Tele	phone Number
Enclosed is a	check for the	following amount:				
■ \$25. 00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Fee & Certified Copy (additional copy is encl		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 AUG -3 PM 3: 08

PROME MODIFIED OF STATE		
	HOU3E MOBILE HOMES LLC	 <u> Letoka</u>

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/20/2015}{1}$ _____ and assigned Florida document number L15000010489 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 "LLC." 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 Florida _ City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

$MGR = M_{i}$ $AMBR = A_{i}$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		<u>.</u>	□ Change
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff Note:	tive date, if other than the date of filing:	207 (3)(b) l as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90 th day after the record is filed.	of:
Dated	7-30 - 15	
	Signature of a member or authorized representative of a member (italia PERSMI)	
	Typed of printed name of signee	

Page 3 of 3

Filing Fee: \$25.00