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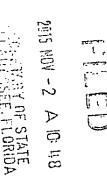
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## COVER LETTER,

Division of	Corporations ·
MOBIL SUBJECT:	E HOME INVESTORS LLC.
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	JOHN RODRIGUEZ
	Name of Person
	MOBILE HOME INVESTORS LLC.
	- Firm/Company
	9395 OAK GROVE ST.
	Address
·	SPRING HILL FLORIDA 34608
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
JOHN RODRIGUEZ	at ( )
Naz	me of Person Area Code Daytime Telephone Number
Enclosed is a check f	for the following amount:
■ \$25.00 Filing Fee	Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MOBILE HOME INVESTORS 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 Com	pany were filed on 04-8-2015	and assigned
Florida document number L15000061491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
•		
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register		records, <u>enter the name of the new</u>
registered agent and/or the new registered office addres	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	et address
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	·
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and com		<u> </u>
accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of		
company has been notified in writing of this change.	iffice address, I hereby conf	والمستعدد والمستعدد والمستعدد
company man book nongrous in mining by min britings.		
		100 N
ï	f Changing Registered Agent, <u>Si</u> g	, ,

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
AMBR	JOHN RODRIGUEZ	9395 OAK GROVE ST.	<b>=</b> Add
		SPRING HILL FLORIDA 34608	Remove
			Change
AMBR	WILLIAM D' AMBRA	12766 SEMINOLE BLVD. #9	<b>=</b> Add
		LARGO FLORIDA, 33778	Remove
			☐ Change
MGR	CRYSTAL RODRIGUEZ	705 DREW AVE.	□ Add
		CLERMONT FLORIDA 34711	Remove
			☐ Change
			Add
			☐ Remove
		<del></del>	Change
			🗆 Add
			□ Remove
		74 75 270 75 75 75 75 75 75 75	Change
		<u> </u>	i - i
		F. FLDRIDA	☐ Remove

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	e date, if other than the date of filing:	(optional)
Note: 1	ctive date is listed, the date must be specific and cannot be prior to date of filing or more f the date inserted in this block does not meet the applicable statutory filing rent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
1	0-29-15	
Nate	7 / 7 /	
ated_		
ated _	Color Knowy	
vated _	Signature of a member or authorized representative of	a member
Dated _	Signature of a member or authorized representative of  JOHN RODRIGUEZ  Typed or printed name of signee	a member

Page 3 of 3

Filing Fee: \$25.00