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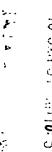
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp				
		EET MHP, LLC			
Name of Limited Liability Company					
The en	iclosed Articles of /	Amendment and fec(s) are sub	mitted for filing.		
Please	return all correspoi	ndence concerning this matter	to the following:		
		Donald Ray Coleman III, I	દેશ્વ.		
			Name of Person		
		Donald Ray Coleman, Jr.,	P.A.		
			Firm/Company		
		400 East Duval Street			
			Address		
		Jacksonville, FL 32202			
			City/State and Zip Code		
		ray.iii@colemanlawoffices. E-mail address: (com to be used for future annual report notifi	ication)	
For fu	rther information co	oncerning this matter, please ca	ail:		
Donal	d Ray Coleman III		904 355-0548		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	e following amount:			
\$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	ty Company as it now appears on our records. Limited Liability Company)	
(A Florida	Limited Liability Company)	•
he Articles of Organization for this Limited Liability C	Company were filed on 09/28/2015	and assigned
lorida document number L15000164262		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Panama Park RV Resort, LLC		x
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation C.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	· · · · · · · · · · · · · · · · · · ·
·		<u> </u>
		ő
Enter new mailing address, if applicable:		Ç CI
Mailing address MAY BE A POST OFFICE BOX)	255	.,
		
B. If amending the registered agent and/or regis		, enter the name of th
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

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
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			Change
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ote: If the date is ocument's effection record specific	nserted in this block over date on the Depart	fective date, b	applicable statutory ecords.	filing requirements, ve time, at 12:0	this date will not	t be listed a

Page 3 of 3

Filing Fee: \$25.00