Division of Corporations

1/14/2021

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALLS MOBILE HOME SERVICE, LLC

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COVER LETTER Registration Section Division of Corporations HALLS MOBILE HOME SERVICE, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd Hth Fi Address Glendale, CA 91203 City/State and Zip Code bobbic1060@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheyenne Moseley Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$55.00 Filing Fee & □ \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (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

HALLS MOBILE HOME SERVICE, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	/ as it now appears on our records.) Ibility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L15000194371	vere filed on 11/17/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	(A)	
Enter new mailing address, if applicable:	in	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ice address on our records, <u>enter t</u>	he name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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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>	Name	Address	Type of Action
AMBR	Larry Hall II	1060 Delaware Rd	■ Add
		Defuniak Springs, FL 32433	
			□ Remove
			☐ Change
			Remove
			TALL AND SEE. TA
			SKE SKE
			Remove
			Change
			O Add
			Remove
			Change
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Dated	1/6/20 4	120	·							
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