

L16000011287

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 0, 2025

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metro North MHP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Atter
Name of Person

Liles Gavin, P.A.
Firm/Company

301 W. Bay Street #1030
Address

Jacksonville, FL 32202
City/State and Zip Code

Hatter@lilesgavin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquelyn Heflin 904-930-1490
Helen Atter at (904) 634-1100
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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**

Metro North 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 1/15/16 and assigned
Florida document number L16000011287.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Trailer Village MHP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7000 N. Main Street
Jacksonville, FL 32208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7000 N. Main Street
Jacksonville, FL 32208

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:

Liles Gavin, P. A.

New Registered Office Address:

301 W. Bay Street Suite 1030

Enter Florida street address

Jacksonville


City

, Florida 32202

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Suncoast property Management, LLC	5711 Richard Street #1 Jacksonville, FL 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Affordable Housing Communities Property Management, LLC	7000 N. Main St Jacksonville, FL 32208	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Liles Gavin, P.A	301 W. Bay St #1030 Jacksonville, FL 32202	<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

17 MAY - 1 PM 7:27
SECRETARY OF STATE
WASHINGTON, D.C. 20520

SECRET
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SECRETARY OF THE ARMY
WASHINGTON, D.C.

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.

Dated April 26th, 2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee