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(Requestor's Name)	
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,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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COVER LETTER

	distration Sec dision of Corp			
SUBJECT:	WOODLAN	D CIRCLE MHP, LLC		
зовялет.		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Donald Ray Coleman III, E	isq.	
			Name of Person	
		Donald Ray Coleman, Jr., I	P.A.	
			Firm/Company	
		400 East Duval Street		
			Address	
		Jacksonville, FL 32202		
		ray.iii@colemanlawoffices.c	City/State and Zip Code	
		- · ·	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	il:	
Donald Ray	Coleman III		904 355-0548 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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

WOODLAND CIRCLE MHP, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/31/2016	and assigned
Florida document number L16000063248		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		<u>=</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		24 0A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	5 m	
	Enter Florida street address	
	, Flori	
	Ciny	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>	Type of Action
MGR	Sun Coast Property Managment LLC	5711 Richard St., Suite I	
		Jacksonville, FL 32216	■ Remove
			Change
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Signature of a member or authorized representative of a member JON S Je MRe 446	

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Filing Fee: \$25.00