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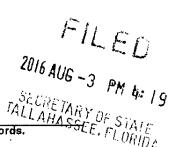
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mobile Homes of Florida 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:
Ana Go17a/45 Name of Person
Mobile Homes of Florida Firm/Company
12935 (AR) agton Ln Address
RIVLIVIGW, 71 33579 City/State and Zip Code
Anagon 7a 45 81363 gm Al. GM J E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 900.7340 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ Certificate of Status & \$\Bigcup \$(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
Cliffon Fullding 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mobile Homes of 1	Linda d Liability Company as it now appears on Florida Limited Liability Company)	OUR TEDOTOS.
(A	Florida Limited Liability Company)	· ~ outh) V
The Articles of Organization for this Limited Li Florida document number LIUD# 1143	, , ,	14,2014 and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company her	e:
The new name must be distinguishable and contain order	ls "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new arineiral offices address if one	liaghia:	
Enter new principal offices address, if app		
(Principal office address MUST BE A STRE	EL ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and		our records, enter the name of t
registered agent and/or the new registered	<u>l office addre</u> ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
1.0.1.1.0g.3.3.94_91100 1.341.900.	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 to act in this capacity. I further agree to comply with 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 margarder the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Addres</u> s	Type of Action
MGR	ana Gonzales	12935 Chelington Lane	p\Add
	·	12935 Chelington Lane Riverview, 71 33579	□ Remove
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f an effec Note: If	e date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot/be prior to date of filing or more than 90 days after filing.) Pursu ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	ant to 605.020 t be listed as
ne recoi The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.	of:
Dated_	8/1/- 2016.	
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Juica		

Page 3 of 3

Filing Fee: \$25.00