## 116000164911

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Jax RV And SUBJECT:	Mobile Home Sales LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Christopher K Funk		
Name of Person		Name of Person	
CKF Investment Properties			
Firm/Company			
5711 Richard St Suite 1			
		Address .	
	Jacksonville, FL 32216		
		City/State and Zip Code	
	leslie.adamson@investment  E-mail address: (t	tpropertiestla.com to be used for future annual report notification)	
For further information co	ncerning this matter, please ca		
Christopher K Funk		904 517-5939	
Name of	Person	at () Area Code Daytime Telephone Number	<del></del>
Enclosed is a check for the	. Callanda a annount		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing	na Fee
_	Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, 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

Jax RV And Mobile Home Sales LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on September 1, 2016	and assigned
Florida document number L16000164911	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation, "L.E.C."
Enter new principal offices address, if applicable:		SE 肇
(Principal office address MUST BE A STREET ADD	RESS)	2 語
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		- 0.00 - 0.00 - 0.00
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,
•		
B. If amending the registered agent and/or regi		r the name of the n
registered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, 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 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
MGR	Mark S Kornutik	1722 Mayview Rd	Add
	•	Jacksonville FL 32210	□ Remove
			Change
MGR Mark Kornutik	Mark Kornutik	1722 Mayview Rd	□ Add
	Jacksonville FL 32210	Remove	
			☐ Change
<del></del>		_	Add
			□ Remove
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Note: If documents	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file the date inserted in this block does not meet the applicable statutory filing requirements, this date's effective date on the Department of State's records.  On the day after the record is filed.	ate will not be listed as the	(b)
Dated _	9/22 2016		
	Signature of a member or authorized representative of a member	16 SE	
	Christopher K Funk	98 98 08 08 08 08 08 08 08 08 08 08 08 08 08	<del></del>
	Typed or printed name of signee	PH :	110
	Page 3 of 3	<b>=</b> 38	

Filing Fee: \$25.00