

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L16000165175

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To:  
Division of Corporations  
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Account Name : PYNE LAW GROUP  
Account Number : I20110000059  
Phone : (350)215-9090  
Fax Number : (850)215-9045

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: laurapayne@pynelawgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHERMAN PINES MOBILE HOME PARK, LLC

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SEP 28 2023  
Brumley

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SHERMAN PINES MOBILE HOME PARK, 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:

Laura C. Pyne

Name of Person

Pyne Law Group, P.A.

Firm/Company

2309 Frankford Avenue

Address

Panama City, FL 32405

City/State and Zip Code

shirleypscott@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura C. Pyne

Name of Person

at ( 850 ) 215-9090

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 Address:**

Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SHERMAN PINES MOBILE HOME PARK, 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 08/30/2016 and assigned  
Florida document number L16000165175.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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 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	William Kevin Scott	8824 Crook Hollow Road	<input checked="" type="checkbox"/> Add
		Panama City, FL 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Darrell Scott	8716 Crook Hollow Road	<input checked="" type="checkbox"/> Add
		Panama City, FL 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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 September 27

Signature of a member or authorized representative of a member

Laura C. Pyne, Esq.

Typed or printed name of signee