117000025312

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
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22 JFT 27 FM 3: 08

T. MATTHEWS

FEB - 3 2022



RECEIVED

2022 JAN 27 AM 9: 04

SECRETARY OF STATE TALLAHASSEE, FL

January 13, 2022

DAVID BLIZZARD 5337 N SOCRUM LOOP ROAD UNIT 401 LAKELAND, FL 33809

SUBJECT: LAKELAND MOBILE HOME PARK LLC

Ref. Number: L17000025312

We have received your document for LAKELAND MOBILE HOME PARK LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

E.

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00001036

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:	Registration (Division of C			
SUBJE	CT: LAK	ELAND MOBILE HOME PA	ARK LLC	
	-	Name of Lit	mited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
		oondence concerning this matter		
		DAVID BLIZZA		
			Name of Person	
		LAKELAND M	OBILE HOME PARK LLC	
			Firm/Company	
		5337 N. SOCE	RUM LOOP ROAD UNIT 401	
			Address	<u> </u>
		LAKELAND, F	FL 33809	
			City/State and Zip Code	
		<u>blizzardinvestr</u>	ments28@gmail.com (to be used for future annual report not	···
For furth	er information	concerning this matter, please c	•	incation)
	DAVID BLI	ZZARD	962 540 0540	
		of Person	at (<u>863</u>) <u>513-2549</u> Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
№ \$2 5.	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 Addres Registration		Street Address:	ection
	Division of C		Registration Se Division of Co	
	P.O. Box 632	27	The Centre of T	Fallahassee
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 22 July 27 PH 3: 08 **OF**

LAKELAND MOBILE HOME PA (Name of the Limited Liability Compan (A Florida Limited Li		
The Articles of Organization for this Limited Liability Company	were filed on	med
Florida document number <u>L17000025312</u>		,,,,,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.	<u> </u>
Enter new principal offices address, if applicable:	5337 N. SOCRUM LOOP ROAD UNIT 401	
(Principal office address MUST BE A STREET ADDRESS)	LAKELAND, FL 33809	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5337 N. SOCRUM LOOP ROAD UNIT 401 LAKELAND, FL 33809	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new r</u>	egistered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
N. D. L. J.	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>	Name	Address	Type of Action
MGR	MOLLY BLIZZARD	390 WINDERMERE DRIVE	LXAdd
		LAKELAND, FL 33809	□Remove
			□Change
MGR	SEBASTIAN BLIZZARD	390 WINDERMERE DRIVE	⊠Add
		LAKELAND, FL 33809	□Remove
			□Change
MGR	OWEN BLIZZARD	390 WINDERMERE DRIVE	⊠ Add
		LAKELAND, FL 33809	□Remove
			□Change
MGR	LILLY BLIZZARD	390 WINDERMERE DRIVE	(XAdd
		LAKELAND, FL 33809	□Remove
			□Change
			🖸 Add
			□Remove
			□Change
			□Remove
			□Change

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<u> </u>	tre date, if other than the date of filing: 10/22/2021 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tid.
ited_	1/22/ . 2022
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Filing Fee: \$25.00