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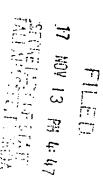
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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## **COVER LETTER**

	Registration Sed Division of Corp								
CLIDIEC		Estates MHP LLC							
SUBJEC	1:	Name of Limi	Name of Limited Liability Company						
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.						
Please ret	urn all correspo	ndence concerning this matter	to the following:						
		Andrew Keel							
			Name of Person						
		Keel Team LLC							
			Firm/Company						
		83 Geneva Dr. #622023							
			Address						
		Oviedo, FL 32762							
			City/State and Zip Code						
		Andrew@KeelTeam.com		-					
			to be used for future annual report noti	tication)					
For further	er information co	oncerning this matter, please ca	all:						
Andrew	Keel		407 461-9451 at ()						
	Name o	f Person	Area Code Daytim	e Telephone Number					
Enclosed	is a check for th	ne following amount:							
\$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunnybrook Estates MHP LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)		
	erc filed on 10/25/2017	and assigned		
10/05/00/15				
If amending name, enter the new name of the limited liability	ty company here:			
e new name must be distinguishable and contain the words "Limited Liability	/ Company," the designation	n "LLC" or the abbreviation "L.L.C."		
ater new principal offices address, if applicable:		<b>三十二</b>		
, ,		25 2		
		The second second		
iter new mailing address, if applicable:	<u> </u>	The state of the s		
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>				
		37 7		
gistered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our re	ecords, enter the name of the		
New Registered Office Address:	Enter Florida street	address		
	, Florida			
		, Florida Zip Code		
	City	zip couc		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
AMBR	TAM MHP I, LLC	C/O Corporation Service Company	
		Suite 400 Wilmington, DE 19808	<b>™</b> Remove
			Change
AMBR	TAM MHP II, LLC	C/O Corporation Service Company	Add
		Suite 400 Wilmington, DE 19808	Remove
		-	☐ Change
			Add
			☐ Remove
			Change
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<u>lote:</u> locumi	If the date inserte ent's effective dat	d in this bl c on the D	ock does r	not meet	the applic	able statu	tory filing	requirem	ents, this d	ate will not	be-list	ed as t
		0 011 1116 15	opan amena	or state	3 TCCOTGS.	•						
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The	90th day afte	r the rec	ord is fil	ed.	, buc no	e an cire	CCLIVE (II	ne, at 1	2.01 4.1	ii. oii ciic	Curr	CI 0,.
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	<del></del>	1	Signature of	of a memb	er or auth	orized renre	esentative o	f a membe	r ·			

Page 3 of 3

Filing Fee: \$25.00