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COVER LETTER

TO: Registration Se Division of Cor			
	cation Mobile Homes, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Virginia M Herdman		
	.	Name of Person	
	Florida Vacation Mobile Ho	omes, LLC	
		Firm/Company	
	7816 Desoto Dr		
		Address	
	Ellenton, FL 34222		
		City/State and Zip Code	
	info@fvmobilehomes.com		
	E-mail address: (to	be used for future annual report notifi-	cation)
For further information e	oncerning this matter, please cal	lt:	
Virginia M Herdman		941 799.0314 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LLC	
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I		ol7 and assigned
Florida document number 1, 17000247611		
This amendment is submitted to amend the fol	llowing:	
If amounting name, antou the name name	of the limited liability company have	
A. If amending name, <u>enter the new name o</u>	of the limited hability company here:	1 = 7 (2) 21 (4)
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "LL.C.".
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE		<u></u>
		- : (r)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	
registered agent and/or the new registered (office address here:	ecords, <u>enter the name of the</u>
	office address here: Virginia M Herdman,	ecords, <u>enter the name of the</u>
registered agent and/or the new registered (Virginia M Herdman, 7816 Desoto Drive	
	office address here: Virginia M Herdman,	

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>	Type of Action
MGR	Virginia M Herdman	7816 Desoto Dr., Ellenton, Fl. 342 22	
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			Change
			Remove
			□ Change
	 		
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ctive date, if other than the	he date of filing:	4, 2017	(optio	onal)	to 605 ()
If the date inserted in this	block does not meet the a	pplicable statutory fi			
ment's effective date on the	Department of State's rec	ords.			
ecord specifies a delay	ed effective date, bu	t not an effectiv	e time, at 12:01 a	ı.m. on th	e earlier
ne 90th day after the re	ecord is filed.				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00