

L18000063217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

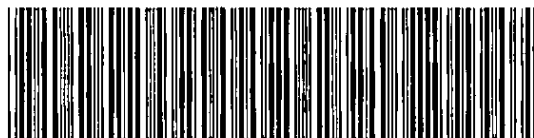
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600315223076

07/02/18--01031--015 **30.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL -2 PM 12:45

N COOPER
JUL 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA MOBILE HOME BROKERS 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:

WILLIAM R NELSON
Name of Person

FLORIDA MOBILE HOME BROKERS LLC
Firm/Company

164 SW JOYCE GLEN
Address

LAKE CITY, FL 32024
City/State and Zip Code

BILLY NELSON 1974@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM R NELSON at (386) 269-2070
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA MOBILE HOME BROKERS 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 3-12-2015 and assigned Florida document number L18000063217.

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)

RECEIVED
DIVISION OF CORPORATE
10 JUL -2 PM 12:45

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:

WILLIAM R NELSON

New Registered Office Address:

164 SW JOYCE GLEN

Enter Florida street address

LAKE CITY

City

Florida

32024

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 R NELSON	164 SW Joyce Green	<input checked="" type="checkbox"/> Add
		LAKE CITY, FL 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HILARY McDOWDY	164 SW Joyce Green	<input type="checkbox"/> Add
		LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 JUL - 2 PM 12:45

SECRETARY OF ARMY
DIVISION OF INFORMATION
10 JUL -2 PM 12:45

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 6-28, 2018

Signature of a member or authorized representative of a member

WILLIAM R. Nelson
Typed or printed name of signer