

18000084633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

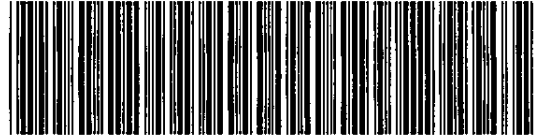
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800311659648

04/16/18--01021--005 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 16 AM 7:14

N COOPER

APR 18 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MHP OCALA BRIDGE, 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:

VAD YAZVINSKI

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

950 HARBINS ROAD, UNIT 111

\_\_\_\_\_  
Address

LILBURN, GEORGIA 30047

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

JAMES PATRICK MCCUNE

904 808-0426  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MHP OCALA BRIDGE, 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 04/03/2018 and assigned  
Florida document number L18000084633.

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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 16 AM 7:14

**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          | GRAND ESTATES MHP<br>MANAGEMENT, LLC | 950 HARBINS ROAD, UNIT 111 | <input type="checkbox"/> Add               |
|              |                                      | LILBURN, GA 30047          | <input checked="" type="checkbox"/> Remove |
|              |                                      |                            | <input type="checkbox"/> Change            |
| MGR          | VAD YAZVINSKI                        | 950 HARBINS ROAD, UNIT 111 | <input checked="" type="checkbox"/> Add    |
|              |                                      | LILBURN, GA 30047          | <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            |
|              |                                      |                            | <input type="checkbox"/> Add               |
|              |                                      |                            | <input type="checkbox"/> Remove            |
|              |                                      |                            | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 APR 16 AM 7:14

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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 APRIL 10 2018

Signature of a member

**JAMES PATRICK MCCUNE**

Typed or printed name of signee