118000111917

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | gistration Sec vision of Corp | | | |
|--------------|----------------------------------|---|---|---|
| eum irot | Cape Canave | eral Mobile Estates, LLC | | |
| SUBJECT | | Name of Limit | ted Liability Company | |
| The enclose | d Articles of A | mendment and fee(s) are sub- | nitted for filing. | |
| Please retur | n all correspon | dence concerning this matter t | o the following: | |
| | | Andrew L. Reiff | | |
| | | | Name of Person | <u> </u> |
| | | Andrew L. Reiff, P.A. | | |
| | | | Firm/Company | |
| | | 135 W. Central Blvd, Suite | 730 | |
| | | | Address | |
| | | Orlando, FL 32801 | | |
| | | <u> </u> | City/State and Zip Code | |
| | | AReiff3566@aol.com | | |
| | | E-mail address: (t | o be used for future annual report notifi | ication) |
| For further | information co | ncerning this matter, please ca | dl: | |
| Andrew L. | Reiff | | at () 423-8183 Area Code Daytime | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for the | e 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

| Cape Canaveral Mobile Estates, LLC | | | |
|--|---|---------------------------|---------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears ability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company v | were filed on | May 3, 2018 | and assigned |
| Torida document numberL18000111917 | | | |
| his amendment is submitted to amend the following: | | | |
| x. If amending name, enter the new name of the limited liabil | lity company her | <u>e</u> : | |
| he new name must be distinguishable and contain the words "Limited Liabili | ty Company," the des | signation "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | ******* | a : V ₂ |
| | | | |
| | | | |
| nter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST_OFFICE BOX) | | | # POR |
| | | | : 2 |
| | | | N 25 |
| If amending the registered agent and/or registered off egistered agent and/or the new registered office address here | | our records, <u>enter</u> | the name of the ne |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Floric | la street address | |
| | | Florida | |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 | Charles J. Trial | 821 N 27th St. #333, Billings, MN 59101 | Add |
| | | | ■ Remove |
| | | | Change |
| MGR | Charles J. Trail | 821 N 27th St. #333, Billings, MT 57101 | ■ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
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| | | | ☐ Change |

| ective date, if other than the date of filing: |) Pursuant to 6 will not be 1 |
|---|----------------------------------|
| effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I |) Pursuant to 6 |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00