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18 JUN 27 PH 2: 12 SECTION OF STATE

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COVER LETTER

	egistration Se ivision of Cor		·	•
SUBJECT		veral Mobile Estates, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Andrew L. Reiff		
			Name of Person	
		Andrew L. Reiff, P.A.		
			Firm/Company	
		135 W. Central Blvd. Suite	: 730	
			Address	<u> </u>
		Orlando, FL 32801		
			City/State and Zip Code	
		AReiff3566@aol.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please or	nil:	
Andrew L	. Reiff		407 423-8183	
	Name of	F Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Fiting 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, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	FILED
	JUN 27 PH 2: 12

Cape Canaveral Mobile Estates, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			٠.
The Articles of Organization for this Limited Liability Company were	filed on	May 3, 2018	and assigned
Florida document number			
This are a discount to achieve a decount the following.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the desig	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
	·		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
IMMINING AUGUSTS MAT BE A FOST OFFICE BOAT	<u></u>		
			
B. If amending the registered agent and/or registered office a	iddress on oi	ir records, enter	the name of the nev
registered agent and/or the new registered office address here:			The same of the sa
Name of New Registered Agent:			
N D 1 - 1/200 - 11			
New Registered Office Address:	Enter Florida	street address	
	The state of the s		
	ity	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
		it. I finally in the	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfo	•	• •	
accept the obligations of my position as registered agent as provide	led for in Cha	pter 605, F.S. Or,	if this document is
being filed to merely reflect a change in the registered office addre	ess, Thereby o	onfirm that the lit	nited liability

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>	Address	Type of Action
MGR	George Branton	1015 Dundee Rd., Dundee, FL 33938	= Add
			Remove
		 	☐ Change
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Note: If the date in	sted, the date must be sp serted in this block do	of filing: ecitic and cannot be prices not meet the applianent of State's record	or to date of filing or cable statutory fil	more than 90 days at ing requirements, t	ter filing.) Pursuant	to 605.0207 (2 be listed as th
f the record specif b) The 90th day			ot an effective	e time, at 12:01	a.m. on the	earlier of:
Dated June	<u> </u>	ture of a member or aut	Tall!			
				0 1 0		

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Filing Fee: \$25.00