

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Amend

JAN 17 2019

D CUSHING

## **COVER LETTER**

| Division of Cor            | porations                                       |   |   |             |
|----------------------------|---|---|---|-------------|
| SUBJECT:                   | Rooted Mal                                      | oile Harnes LL  | <u> </u>  |             |
| The enclosed Articles of   | Amendment and fee(s) are sub                    | mitted for filing   |   |             |
|                            |   | -   |   |             |
| Please return all correspo | ondence concerning this matter                  | to the following:   |   |             |
|                            | Patric  | KH. Talbert IV Name of Person   |   |             |
|                            | Ronte   | d Mobile Home:  | s LLC   |             |
|                            | 11443   | Cypres Park St.   |   |             |
|                            | Tampa   | F     33624<br>  City/State and Zip Code  | <u></u>   |             |
|                            | Patrick   | T City/State and Zip Code  Om X@Q mail COM  to be used for future annual report notif |   | 5           |
| For further information c  | oncerning this matter, please ca                |   | ication)  | 19 144 -7   |
| Patrick 1-                 | Talbert IV                                      | at ( <u>813</u> ) <u>\$42 - 9</u><br>Area Code Daytime                                | 47]<br>: Telephone Number   | - E         |
| Enclosed is a check for th | be following amount:                            |   |   | 15588<br>12 |
| 图, \$25,00 Filing Fee      | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)                   | ☐ \$60,00 Filing For<br>Certificate of S<br>Certified Copy<br>(additional copy is | tatus &     |
|                            |   |   |   |             |

TO:

Registration Section

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

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

(A Florida Limited Liability Company)

|  | al whater are  |
|--|--|
| The Articles of Organization for this Limited Liability Cor  | mpany were filed on November 28, 2018 and assigned   |
| Florida document number  |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limite  | ed liability company here:   |
|  |  |
| The new name must be distinguishable and contain the words "Limite   | d Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  | 12360 66th Street N. Largo   |
| , ,  | C( 22772   |
| (Principal office address MUST BE A STREET ADDRE   | — · / - i  |
|  | Suite H1   |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre                   | red office address on our records, enter the name of the new ess here:   |
| Name of New Registered Agent:  |  |
| Name Descript and Office Address:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | . Florida  |
|  | City Zip Code  |
| New Registered Agent's Signature, if changing Registered A   | Agent:   |
| provisions of all statutes relative to the proper and con<br>accept the obligations of my position as registered age | nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and ont as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability |
|  | If Changing Registered Agent, Signature of New Registered Agent  |

It 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  |
|--------------|-----------------------|----------------------------|-----------------|
| EO_          | Patrick H. Talbert IV | 11443 Cypress Park St. Ton | 33624<br>9□ Add |
| venge to Mo  | nating (A)            |                            | ORemove CE      |
|              |                       |                            | Change #Vh/     |
|              |                       |                            | 🗆 Add           |
|              |                       |                            | Remove          |
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|              |                       |                            | ☐ Change        |
|              |                       |                            |                 |
|              |                       |                            | □ Remove        |
|              |                       |                            | Change          |

| I accidentally out our titles as "CEO" of our  |
|--|
| LLC (Rooted Mobile Homes LLC) and we would like  |
| the titles switched to Managing Members.   |
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|  |
| E. Effective date, if other than the date of filing:  (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  |
| Signature of a member or authorized representative of a member   |
| Patrick H. Talbert II 12/24/2018 Typed or printed name of signee   |

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Filing Fee: \$25.00