L19 CCCC13437

| (Ře | questor's Name) | ** |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | - |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| | _ | _ |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | : |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Ciling Officer | |
| Special instructions to | riling Offices. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

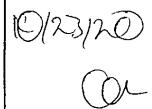
Office Use Only



000351880280

08/14/20--01019--025 ++35.00

2020 SEP 14 AM 9: 30 SECRETARY OF STATE



COVER LETTER

| Div | ision of Corp | ocrations | | |
|----------------------|-------------------------------|--|---|--|
| elib le <i>c</i> te. | Hercules M | anufactured Homes Sales, L | LC | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | Ashley J. Horne | | |
| | | | Name of Person | |
| | | Hercules Mobile Home S | ervice, Inc. | |
| | | | Firm/Company | |
| | | 130 River Terrace | | |
| | | | Address | |
| | | East Palatka, Florida 32 | 131 | |
| | | | City/State and Zip Code | |
| | | Herculesmh96@yahoo.co | m o be used for future annual report noti | fication) |
| For further i | nformation co | oncerning this matter, please ca | • | , |
| Ashley J. H | orne | | 386 666-1378 | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| %) \$ 25.00 1 | 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) |
| | iling Address gistration S | | Street Address: Registration Sec | ction |

TO:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 SEP 14 AM 9: 30

Hercules Manufactured Homes Sales, LLC (Name of the Limited Liability Company as it now appears on our records) ALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on _______10, 2019 and assigned Florida document number L19000012437 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hercules Homes, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address _. Florida N/A Zip Code N/A City

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 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> | Type of Action |
|--------------|-----------------|--|------------------|
| P | Ashley J. Horne | 144 Islander Rd., Satsuma, FL. 32189 | 🗀 Add |
| | | | ∕ ∏Remove |
| | | | □Change |
| VP | Terry D. Horne | 130 River Terrace, East Palatka, FL. 32131 | □ Add |
| | | | ÆIRemove |
| | | | |
| MGR | Terry D. Horne | 130 River Terrace, East Palatka, FL. 32131 | &l Add |
| | | | Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | - | □Remove |
| | | | □Change |

| N/A | · · · · · · · · · · · · · · · · · · · | | | | |
|---------------|--|--|----------------------------|------------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · | · | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u> </u> |
| - | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | N/A | | | |
| ective date | if other than the date o is listed, the date must be spec | f filing: | data of filing or many the | (optional) | u 605 H20 |
| te: If the da | e inserted in this block doe | s not meet the applicabl | le statutory filing requ | irements, this date will not | be listed a |
| ument's eff | ctive date on the Departme | nt of State's records. | | | |
| | | | | | |
| | s a delayed effective date, b | out not an effective time | , at 12:01 a.m. on the | earlier of: (b) The 90th d | ay after the |
| s filed. | | | | | |
| , N/A | | | | | |
| ed | | · | • | | |
| (| | \ | | | |
| | Signatu | re of a member or authoriz | red representative of a m | ember | |
| | | | | | |

Filing Fee: \$25.00