Division of Corporations



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Division of Corporations

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From:

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Account Number : 076666003611 : (941)748-0100 1: (941).745-2093 Fax Number

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Email Address: <u>Epennington</u> ablalock

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MID FLORIDA MOBILE HOME SALES, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mid Florida Mobile Home Sales, L                      |   |                                     | <u> </u>                  |                  | <u></u>        |
|---|---|-------------------------------------|---------------------------|------------------|----------------|
| (Name of the Limit                                    | ted Liability Company<br>(A Florida Limited Lia | as it now appear<br>bility Company) | 3 on our record           | <b>7</b> )       |                |
|   | •   | , , ,                               |                           |                  |                |
| The Articles of Organization for this Limited L       | lability Company w                              | ere filed on $\frac{04}{2}$         | 30/2019                   |                  | and assigned   |
| Florida document number L19000117645                  |   | :                                   | . •                       |                  |                |
| fortda document namoer                                | <del></del> '                                   |                                     | :.                        |                  |                |
| This amendment is submitted to amend the foll         | owing:  | •                                   | •                         |                  |                |
| L. If amending name, enter the new name o             | f the limited liabili                           | ty company he                       | ere:                      |                  | ,              |
| ·   |   |                                     | <del></del>               |                  |                |
| he new name must be distinguishable and contain the v | vords "Limited Liability                        | Company," the d                     | esignation "LLC           | " or the abbrevi | ation "L.L.C." |
| Enter new principal offices address, if applic        | :abl <b>e</b> :                                 |                                     |                           |                  |                |
| , .,  |   |                                     |                           | •                | *              |
| <u>Principal office address MUST BE A STREE</u>       | ADDRESS)  |                                     |                           |                  |                |
| Enter new mailing address, if applicable:             |   |                                     |                           | <u> </u>         |                |
| Mailing address MAY BE A POST OFFICE                  | <i>BOX</i> )                                    |                                     | ·                         |                  | r~             |
| :   |   | ,                                   |                           | ) <u>j</u>       | 1;             |
|   |   |                                     | <del>- , <u>- ;</u></del> |                  |                |
| 3. If amending the registered agent and/or i          | egistered office ad                             | dress on our re                     | ecords, enter             | <br>the name.of  | the new regis  |
| gent and/or the new registered office addre           |   |                                     | Ξ                         | · ·              | EVA.           |
|   | •   |                                     | };                        | , II             | , ·            |
|   |   | :                                   | ę.<br>Vi                  |                  |                |
| Name of New Registered Agent:                         |   |                                     |                           |                  |                |
| New Registered Office Address:                        |   |                                     |                           |                  |                |
| ATOM ANDERSTONE OFFICE ANGLESS.                       | <u> </u>  | Enter Flor                          | ida street addres         | <del></del> .    |                |
|   |   |                                     |                           | _                |                |
|   | <u> </u>  | City                                | Flo                       | orida            | in Code        |
|   |   | 1.707                               |                           | /.               | III L.OGJE     |

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.

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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                               | 3 6 7<br>- 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Type of Action       |
|--------------|------------------|----------|------|---------------------------------------|--|----------------------|
| MGR          | Scott W. Rickert |          | .; . | 5517 21st Ave. W., Suite H            | , Bradenton, Florida 3                             | 4209<br><b>≣</b> Add |
|              |                  |          | •    | •                                     |  | □ Remove             |
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| ctive date, if other than the date effective date is listed, the date must be spo | wific and cannot be print to date of                   | f filing or more than 90 days after filing.) Pursuant to 6 |
| e: It the date inserted in this block do<br>iment's effective date on the Departm | es not meet the applicable statent of State's records. | utory filing requirements, this date will not be l         |
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| ord specifies a delayed effective date, filed.                                    | but not an effective time, at 1                        | 2:01 a.m. on the earlier of: (b) The 90th day at           |
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| d Doc 5 2015  | <del>,</del> , <del>,</del> .                          |  |
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