

L19000219948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

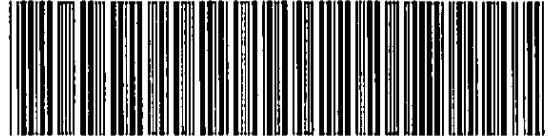
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/20 -- 01017 -- 005 -- \$25.00

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2020 AUG 20 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
OCT 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBILE HOME ENTERPRISES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA RIVERO
Name of Person

GDY PROPERTIES LLC
Firm/Company

5510 RIVER RD, SUITE 101
Address

NEW PORT RICHEY, FL 34652
City/State and Zip Code

GDYPROPERTIESLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FL

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RECEIVED

For further information concerning this matter, please call:

MARIA RIVERO at (813) 758-2922
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

TO

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

08/28/2019

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ.

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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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ELTHON FONSECA	P.O. BOX 15450 TAMPA, FL 33684	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2020 AUG 20 PM 4:47
TALLAHASSEE, FL
END

2020 AUG 20 PM 4: 47
CLERK OF DISTRICT
TALLAHASSEE FL

2020 AUG 20 PM 6:47
SEKELIA, GUY LATE
TALLAHASSEE, FL

החל

(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)

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 AUGUST 17th, 2020

Signature of a member or authorized representative of a member

MARIA RIVERO/GDY PROPERTIES LLC
Typed or printed name of signer

Filing Fee: \$25.00