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(Re	questor's Name)	
(Ad	dress)	-
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS JAN 1 1 2022



November 9, 2021

KAREN MESA PO BOX 328642 SOUTHWEST RANCHES, FL 33332

SUBJECT: MINI CITY MOBILE HOME AND RV PARK LLC

Ref. Number: L20000023221

We have received your document for MINI CITY MOBILE HOME AND RV PARK LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 721A00027293

COVER LETTER

TO: Registration Se Division of Cor			RECEIVES
SUBJECT: Wint	City Mobile H	Tome and RV Parl	< 177 - GH -4 AM 8:
			STITETARY OF THE
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	Transfer of the second
Please return all correspo	ndence concerning this matter	to the following:	** The Control
	<u>Karer</u>	Mesa Name of Person	
	Mini Cit	y Mobile Home 1	ark
	POBOX 37	28642 Address	
	<u>Southwest P</u>	City/State and Zip Code	332
		to be used for future annual report not	
For further information c	oncerning this matter, please c	all:	
Karen	Hesa	at (<u>184</u>) <u>218</u> 7	1786
Name o	i Person	Area Code Dayun	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 7	Fallahassee oc Street, Suite 810
rananassee, i	しん フェブレア	ATIJ IT. IMIOINO	re acces, anne erro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mini City Public Home and Ry Park: LLC Pi: 3: 09

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

(A Florida Limited Liability Company)

(A Florida Limited I	Liaointy Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000002322</u>	were filed on	116/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the design	ation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:		328642 F Aanches, FL 33332 ds. enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida st	reet address
		Florida
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capa performance of my oprovided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AHBR	Juse MHesa	2756W6BPL	□Add
		2756WBBPL Hialeah, FL 33016	<u> </u>
			☐ Change
			□Add
			Remove
			□Change
			□Abd
			□Remove
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<u>lote:</u> If	e date, if other than the date of filing: Normber 9,2021 (optional) tive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the date on the Department of State's records.
record Lis filed	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
ated $ar{1}$	3/28/2021
	Signature of a member or authorized representative of a member