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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Parl	nandle Mobi	le Home Sented Liability Company	iceslle
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		von B. Lemie Name of Person	<u>41</u>
		Firm/Company	
	275 6	and son and and and and and and and and and an	
	Quince	1.Fl. 32351 City/State and Zip Code	
For further information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report notificall:	cation)
Name o	f Person	at () Area Code Daytime	Felephone Number
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration Sect	
Division of C		Division of Corne	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<u>tanhandle!!</u>	lobile Home	servi c	<u>es L</u>	$\perp L(\cdot)$	i
(A Florid	lity Company as it now appears on da Limited Liability Company)	our records.			_
The Articles of Organization for this Limited Liability	, -	8 20	and	assigne	id :
Florida document number <u>L22000554 go</u>	<b>9</b>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company here:				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the ab	breviation	"L.L.C.	
Enter new principal offices address, if applicable:	<del> </del>			2022	
(Principal office address MUST BE A STREET ADD	ORESS)			CN	
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Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			- : 	F	
B. If amending the registered agent and/or register	ed office address on our recor	ds. enter the nam	e of the	new re	gistered
agent and/or the new registered office address here:		···· · · · · · · · · · · · · · · · · ·	<del></del>		A
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida st	reet address			
		Florida			
	City		Zıp Co	ode	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr_	Tessica Rea Bruner	-n/A	□ Add
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ote:	ive date, if other than the date of filing:
recor	d 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 led.
is fi	1/-9-2022
is fi	1-9-2022
is fi	1/- 9 - zoz z  Signature of a member or authorized representative of a member

Filing Fee: \$25.00