120000077364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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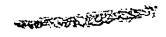
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/03/2020		**WALK IN**
ENTITY NAME MISSILE	VIEW MHP, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
XXXX	Certified Copy	
	Certificate of Status	
#	CEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI		_
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$55.00	ACCOUNT #: I20160000072	
Please call Tina at th	e above number for any issues or concerns. Thank you so	mach!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISSILE VIEW MHP, LLC		
(Name of the Limi	ted Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>:ls.</u>)
The Articles of Organization for this Limited I Florida document number L20000077364	iability Company were filed on 03/09/2020	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
N/A		20
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.I.
Enter new principal offices address, if appli	cable:	NOV-
(Principal office address MUST BE A STRE)	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		A 8: 53
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter</u> ss bere:	the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street oddre	555
	वि	lorida
	City	Zip Code

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

Title	Name	Address	Type of Action
MGR	Lori Brenning	21 Natoma Street, Suite 110	[] Add
		FOLSOM, CA 95630	■Remove
			□Change
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(If an effective <u>Note:</u> If th	date, if other than e date is listed, the da ic date inserted in the s effective date on the	e must be specific als block does as	and cannot be price of meet the appli	cable statutory:	or more than 90 days	this date will not	t to 605,0207 be listed as
e record spo rd is filed.	ecifies a delayed ef	fective date, but	not an effective	time, at 12:01 a.	m. on the earlier o	f: (b) The 90th da	y after the
Dated	10128) . 1. 1.	2020				
	1. 1.	11/2 11	4111	// // / /- ^			
-		Signature o	I a member or auth	norized representa	tive of a member		

Filing Fee: \$25.00