## h20000077364

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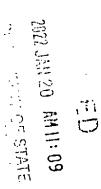
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## **COVER LETTER**

| Division of Corporations |   |  |   |   |  |  |
|--------------------------|---|--|---|---|--|--|
| SUBJECT:                 | Missile View MHP, LLC   |  |   |   |  |  |
| SOBJECT.                 |   | Name of Lin                                  | nited Liability Company   |   |  |  |
| The encloses             | d Articles of   | Amendment and fec(s) are sub                 | omitted for filing.   |   |  |  |
| Please return            | n all correspon   | ndence concerning this matter                | to the following:   |   |  |  |
|                          |   | Richard S. Webb, IV, Esq                     |   |   |  |  |
|                          |   |  | Name of Person  |   |  |  |
|                          |   | Icard, Merrill, Cullis, Tim                  | m, Furen & Ginsburg, P.A.   |   |  |  |
|                          |   |  | Firm/Company  |   |  |  |
|                          |   | 2033 Main Street, Suite 66                   | 00  |   |  |  |
|                          |   |  | Address   | · · · ·   |  |  |
|                          |   | Sarasota, Florida 34237                      |   |   |  |  |
|                          |   |  | City/State and Zip Code   |   |  |  |
|                          |   | rwebb@icardmerrill.com                       |   | · · · · · · · · · · · · · · · · · · ·   |  |  |
| For further is           | nformation of   | e-mail address: i                            | to be used for future annual report not   | ification)  |  |  |
|                          |   | oncerning this matter, please c              | aii:  |   |  |  |
| Richard S. \             |   |  | 941 366-8100<br>at ()   |   |  |  |
|                          | Name of   | Person                                       | Area Code Daytin  | ne Telephone Number   |  |  |
| Enclosed is a            | a check for the   | e following amount:                          |   |   |  |  |
| <b>≅</b> \$25.00 F       | Filing Fee  | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$60.00 Filing Fce,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Rep<br>Div<br>P.C        | iling Address<br>gistration S<br>vision of Co<br>). Box 6327<br>lahassee, F | ection<br>orporations                        | Street Address:<br>Registration Se<br>Division of Co<br>The Centre of 7<br>2415 N. Monro<br>Tallahassee, FI | rporations<br>Fallahassee<br>se Street, Suite 810   |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Missile View MHP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 9, 2020 and assigned Florida document number L20000077364 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1001 Dove Street, #185 Enter new principal offices address, if applicable: Newport Beach, CA 92660 (Principal office address MUST BE A STREET ADDRESS) 1001 Dove Street, #185 Enter new mailing address, if applicable: Newport Beach, CA 92660 (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 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 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>Titie</u> | <u>Name</u>           | Address                     | Type of Action |
|--------------|-----------------------|-----------------------------|----------------|
| MGR          | Andrew T. Shortt      | 1001 Dove St. #185          | <b>=</b> Add   |
|              |                       | Newport Beach, CA 92660     | □Remove        |
|              |                       |                             | Change         |
| MGR          | Dale A. Williams      | 1001 Dove Street, #185      | □Add           |
|              |                       | Newport Beach, CA 92660     | ■Remove        |
|              |                       |                             | □Change        |
| MGR          | Alexander H. Williams | 2641 E. Atlantic Blvd. #300 |                |
|              |                       | Pompano Beach, FL 33062     | ■ Remove       |
|              |                       |                             | □Change        |
| MGR          | Gary Babick           | 1001 Dove St. #185          | □Add           |
|              |                       | Newport Beach, CA 92660     | ■Remove        |
|              |                       |                             | □Change        |
| MGR          | Anthony Hengel        | 1001 Dove St. #185          | ⊟Add           |
|              |                       | Newport Beach, CA 92660     | □ Remove       |
|              |                       |                             | Change         |
|              |                       |                             | □Add           |
|              |                       |                             | □ Remove       |
|              |                       |                             | Change         |

|              | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| Note: It     | date, if other than the date of filing:  (optional)  ive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. |
| ord is filed |   |
| Dated        | 1-10-2027, 2022   |
|              | m la  |
|              | Signature of a member or authorized representative of a member  |
|              | Andrew T. Shortt  |
|              | Typed or printed name of signee   |

Filing Fee: \$25.00