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DATE:

11/12/20

NAME:

LAKESIDE RV PARK OF OKEECHOBEE

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKESIDE RV PARK OF OKEECHOBEE

| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) Liability Company) | |
|---|--|--|
| The Articles of Organization for this Limited Liability Compan | y were filed on OCTOBER 23, 2020 | and assigned |
| lorida document number L20000337731 | • | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited lia | bility company here: | |
| AKESIDE RV PARK OF OKEECHOBEE, LLC | | |
| he new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | 2020 |
| Principal office address MUST BE A STREET ADDRESS | | ∷ § −η |
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| | | · · · · |
| inter new mailing address, if applicable: | | e fight ₹ m |
| Mailing address MAY BE A POST OFFICE BOX) | | - 1925 & O |
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| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: | | |
| New Registered Office Address: | | <u></u> |
| | Enter Florida street address | |
| | , Florida | |
| | Cin- | Zıp Code |
| ew Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | |
| hereby accept the appointment as registered agent and ag rovisions of all statutes relative to the proper and complet ccept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered offic ompany has been notified in writing of this change. | e performance of my duties, and 1 of provided for in Chapter 605, F.S. | am familiar with and Or, if this document is |
| If Ch | anging Registered Agent, Signature of New | Registered Agent |

samending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

4GR = Manager AMBR = Authorized Member

| <u>itle</u> | Name | Address | Type of Action |
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| ctive date, if other than the date of filing: Effective date is listed, the date must be specific and cannot be prior to date | e of filing or more than 9 | (optional) | ant to 605 020 |
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| iment's effective date on the Department of State's records. | | | |
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