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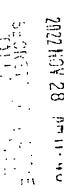
(Re	questor's Name)	
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COVER LETTER

Registration Section Division of Corporations

TO:

	d Mobile Home Park, LLC		
SUBJECT:	Name of Lin	nited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew J. Decker, III		
		Name of Person	
	Andrew J. Decker, III PLI	LC	
		Firm/Company	
	320 White Avenue, S.E.		计
		Address	
	Live Oak, Florida 32064		
		City/State and Zip Code	
	andy@decker.law		1-1
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Andrew J. Decker, III		386 364-4440	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Range Road Mobile Home Park, 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 _____ Florida document number _L21000036466 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.] 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 address on our records, enter the name of the new 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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.

Citr

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person b or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
MGR	Julie Q. McEwen	10663 89th Road, Live Oak, FL 320	60 □Add
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f an effective date is listed, the c Note: If the date inserted in	late must be specific a this block does not the Department of	ng:nd cannot be prior to da meet the applicable State's records.	te of filing or more than 90 de statutory filing requireme	ays after filing.) Pursuar nts, this date will not	be
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f an effective date is listed, the of Note: If the date inserted in locument's effective date of record specifies a delayed of d is filed. November 22	date must be specific as this block does not a the Department of effective date, but no	ng:	te of filing or more than 90 de statutory filing requireme	ays after filing.) Pursuar nts, this date will not er of: (b) The 90th d	be

Filing Fee: \$25.00