## 121000438980

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
	il Home Park LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lazaro Gonzalez			
		Name of Person		
		Firm/Company		
	880 SE 5 PI			
	Hialeah FL 33010	Address		
		City/State and Zip Code		
	laz@gcflogistics.com E-mail address: (	to be used for future annual report r	notification)	
For further information c	oncerning this matter, please c	•		
Lazaro Gonzalez		305 316-0918		
Name o	f Person	Area Code Day	time Telephone 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration		
Division of Corporations		Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Mon	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zegon Home Mobil 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 \_\_\_\_\_\_\_\_ and assigne Florida document number L21000438980 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Zegon Home Mobile Park LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 reg agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person bein or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
			□Add
			□Remove
			Change
			Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change

n am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
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•	
-	<del></del>
lf an ef <u>Note:</u>	ive date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.
Dated	October 15 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00