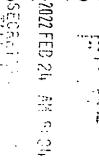
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Certified Copies	Certificates of	Status
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Special Instructions to	riling Officer:	

Office Use Only



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## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Cy Cle Drive Mobile  Home Park LC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPY PHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
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OTHER
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Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 2/24/22 TIME
Notes:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cycle Drive 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 02/09/2022 and assigned
Florida document number 1.22000049259

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 "LLC"

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Todd Isberner	10497 Spyglass Dr.	□Add
		Eden Prairie, MN 55347	■Remove
			□Change
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		iling or more than 90 days after filing.) Pursuant to 605.0, ory filing requirements, this date will not be listed
ocument's effective date on th	e Department of State's records.	
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is filed.	ctive date, our not an effective time, at 12%	01 a.m. on the earlier of: (b) The 90th day after t
red Feb 24	. 2022	
	2022  NASS Signature of a member or authorized representation	sentative of a member

Filing Fee: \$25.00