

h22 000085606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

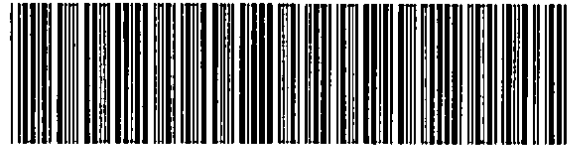
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/22--01016--005 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY -6 AM 9:21

T. MATTHEWS

JUN 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paul's Mobile Home Sales, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul F Discher

Name of Person

Paul's Mobile Home Sales, LLC

Firm/Company

34 N Garden Ave

Address

Clearwater FL 33755

City/State and Zip Code

PaulsMobileHomes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul F Discher

727

542-3442

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 MAY -6 AM 9: 21

Paul's Mobile Homes Sales, 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 February 22, 2022 and assigned
Florida document number L22000085606.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Paul's Mobile Homes Sales, LLC

34 N Garden Ave

Clearwater FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

336 Silver Lake Rd

Middletown DE 19709

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

_____, **Florida** _____
City *Zip Code*

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 Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 2, 2022, _____

Paul F. Dicker
Signature of a member

Signature of a member or authorized representative of a member

Paul F Discher, Manager

Typed or printed name of signee

Filing Fee: \$25.00

CERTIFICATION

(Must be completed by all dealership officers.)

5. Has this applicant, partner, corporate officer or director:

- ☐ YES ☒ NO Been convicted of a felony or equivalent charge anywhere?
☐ YES ☒ NO Been convicted of a felony or first degree misdemeanor for a violation of any provision of Chapter 319 or 320, Florida Statutes?
☐ YES ☒ NO Been convicted of a felony or first degree misdemeanor in any other jurisdiction for violation of motor vehicle laws (excluding parking and traffic laws)?
☐ YES ☒ NO Now facing criminal charges anywhere?
☐ YES ☒ NO Been denied a surety bond?
☐ YES ☒ NO Ever had a surety bond cancelled?
☒ YES ☐ NO Been a licensed dealer in Florida or any other jurisdiction?
 State: Delaware License #: 2603
☐ YES ☒ NO Been denied or had dealer license suspended or revoked in Florida or any other jurisdiction?

(IF THE ANSWER TO ANY PART OF QUESTION #5 IS "YES", APPLICANT IS REQUIRED TO SUPPLY APPROPRIATE DOCUMENTATION. IN THE CASE OF A FELONY CONVICTION, CHARGING DOCUMENTS AND DISPOSITION DOCUMENTS FROM THE COURT MUST ACCOMPANY THIS APPLICATION.)

Under penalty of perjury, I do swear and affirm that the information contained in this application is true and correct and that applicant, if licensed, will abide by all laws of Florida, including Chapters 319 and 320, Florida Statutes, and all applicable rules, policies, and procedures of the Department of Highway Safety and Motor Vehicles.

I further certify that I am authorized to bind the application with my signature.

I understand that I must meet all zoning requirements and occupational license requirements that may be mandated by local or county ordinances.


Signature-Original Signature Required

Paul Discher / Manager
Typed Name/Title

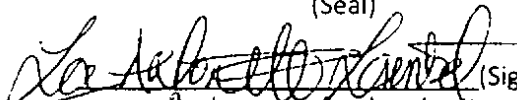
May 2, 2022
Date

NOTARIAL CERTIFICATE

STATE OF Delaware
COUNTY OF New Castle

The attached instrument was acknowledged before me on this date, 5/2/22 by Mr./Mrs./Ms.
Paul Discher who is personally known to me or who has produced
Driver License as identification and who did take an oath.

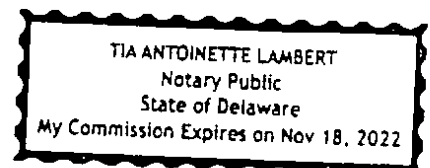
(Seal)


(Signature of Notary)

Tia Antoinette Lambert (Name of Notary, typed, printed or stamped)

(Notary)

Assistant Branch Manager (Title)
20220121000005 (Commission Serial Number)

Important:

This certification is required for each officer of the dealership. If necessary, please make copies of this page. After completing this certification for each officer, attach each copy to this application. Each certification must be notarized.