

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L220002532503

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000253250 3)))



H220002532503ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I199900000006
Phone : (407)425-7010
Fax Number : (407)425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: REGISTEREDAGENT@ZKSRASERVICES.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWIN OAKS MHC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

APPROVED
AND
FILED
2022 JUL 27 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 27 AM 10:25

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 27 2022

K. Brumble

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWIN OAKS MHC, 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:

D. SCOTT BAKER, ESQUIRE

Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

Firm/Company

315 E ROBINSON STREET, SUITE 600

Address

ORLANDO, FL 32801

City/State and Zip Code

REGISTEREDAGENT@ZKSRASERVICES.COM

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

For further information concerning this matter, please call.

JESSICA SNYDER, CORPORATE PARALEGAL

407 425-7010

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

TWIN OAKS MHC, 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 JUNE 14, 2022 and assigned
Florida document number L22000272137.

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)

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 Office Address:

Enter Florida street address

Florida

City

Zip

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

APPROVED
AND
FILED
2022 JUL 27 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H22000253250 3))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GMF GROUP FUND I, LLC	315 E ROBINSON STREET, SUITE 600	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GMF GROUP FL PORTFOLIO III, LLC	315 E ROBINSON STREET, SUITE 600	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H22000253250 3))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 JULY 22, 2022

D. Scott G. G.

Signature of a member or authorized representative of a member

D. SCOTT BAKER, ESQUIRE, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00