

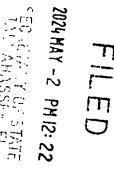
(Requestor's Name)	
(Address)	
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(Audiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

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05/02/24--01042--032 **25.00



LLC Articles of Amendment Filing

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

April 24, 2024

Please find enclosed duplicates of the Articles of Amendment for **The Happy Camper RV Park LLC**, a domestic Limited Liability Company.

Please file the enclosed Articles of Amendment and return a file-stamped copy or Proof of Filing to the below address in the enclosed SASE.

Payment for the required fees is enclosed (\$25.00 to the Department of State).

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and assistance.

Sincerely,

The Client Services Team MyCompanyWorks, Inc. 187 E. Warm Springs Rd., Ste. B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-825-2581

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our recor Liability Company)	<u>'ds.</u>)
he Articles of Organization for this Limited Liability Company lorida document number L23000176735	were filed on <u>04/10/2023</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
inai Sands RV Haven LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		35 2 F
nton now mailing address if applicables		-2 PHIZ NASSEE
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		──~~~~~
		77 70
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, ente	r the name of the new regis
New Registered Office Address:		
	Enter Florida street addre	258
	t.	lorida
	, E	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than fan effective date is listed, the dat Note: If the date inserted in the locument's effective date on the series of the locument's effective date on the series of the se	nis block does not meet the	applicable statutory	g or more than 90 days y filing requirement	optional) safter filing.) Pursuant s, this date will not b	to 605.020 se listed a
	fective date, but not an effe	ctive time, at 12:01	a.m. on the earlier	of: (b) The 90th day	y after the
d is tiled.		k			
d is tiled.	2024	l <u> </u>			
e record specifies a delayed effect is filed. Dated	2024		itative of a member		_

Filing Fee: \$25.00