

L99000001961

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUGLEWOOD RV PARK, LLC

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BUGLEWOOD RV 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 April 7, 1999 and assigned
Florida document number L99000001961.

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 end with 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: VCORP SERVICES LLC

New Registered Office Address: 5001 South State Road 7, Suite 106

Enter Florida street address

Davie, Florida 33314
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Riverstone Communities LLC	300 E. Maple Road	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Birmingham, MI 48009	
MGRM	Douglas Peterson	19000 SW 54th Place	<input type="checkbox"/> Add
		Southwest Ranches, FL 33332	<input checked="" type="checkbox"/> Remove
MGRM	James L. Bellinson	300 E. Maple, Suite 200	<input type="checkbox"/> Add
		Birmingham, MI 48009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 13, 2014

Katherine Hammers

Signature of a member or authorized representative of a member

Katherine L Hammers, authorized person

Typed or printed name of signee

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Filing Fee: \$25.00

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