Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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)818-3589

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVERSIDE VILLAGE MOBILE HOME PARK, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

AUG 1 8 2014

GRAMINER 8/15/2014

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVERSIDE VILLAGE MOBILE HOME PARK, LLC

(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.)
The Articles of Organization for this Limited I Florida document number	Liability Company were filed on	Dec. 17, 1999 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	f the limited liability company	<u>'here</u> :
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	2::7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address	on our records, enter thousand of the new
Name of New Registered Agent:	VCorp Services, LLC	
New Registered Office Address:	5011 South State Roa	
	•	Florida street address
	Davie City	Florida 33314 Zip Code
New Registered Agent's Signature, if changing	·	,··-

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 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>	Name	Address	Type of Action
MGRM	James L. Bellinson	300 E. Maple Road, Suite 200	🗆 Add
		Birmingham, MI 48009	Remove
MGR	Riverstone Communities, LLC	300 E. Maple Road, Suite 200	
		Birmingham, MI 48009	Remove
			☐ Remove
		- 7 9	Add
		ALC 15 A	Remove
		A IO 33	
			_
			_□ Add
			_□ Remove

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:
(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

August 7

Signature of a member or authorized representative of a member

Katherine L. Hammers, Authorized Person

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Typed or printed name of signee

Filing Fee: \$25.00

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