

3/10/23, 11:33 AM

Division of Corporations

M22000011440

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OAKWOOD MOBILE HOME PARK LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

M. SOLOMON  
Help  
MAR 13 2023

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

OAKWOOD MOBILE HOME 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 07/21/22 and assigned  
Florida document number M22000011440.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

New Registered Office Address:

n/a

Enter Florida street address

n/a

Florida n/a

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 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          | Joshua Kleban                   | 1 Engle St. Suite 201 Englewood NJ, 07631 | <input type="checkbox"/> Add               |
|              |                                 |   | <input checked="" type="checkbox"/> Remove |
|              |                                 |   | <input type="checkbox"/> Change            |
| AP           | Tom Del Bosco                   | 1 Engle St. Suite 201 Englewood NJ, 07631 | <input type="checkbox"/> Add               |
|              |                                 |   | <input checked="" type="checkbox"/> Remove |
|              |                                 |   | <input type="checkbox"/> Change            |
| AP           | Bryon Fields                    | 1 Engle St. Suite 201 Englewood NJ, 07631 | <input type="checkbox"/> Add               |
|              |                                 |   | <input checked="" type="checkbox"/> Remove |
|              |                                 |   | <input type="checkbox"/> Change            |
| MBR          | Tribune II MHP Finance One, LLC | 1 Engle St. Suite 201 Englewood NJ, 07631 | <input type="checkbox"/> Add               |
|              |                                 |   | <input checked="" type="checkbox"/> Remove |
|              |                                 |   | <input type="checkbox"/> Change            |
| MGR          | Marc Edwards                    | 10151 Deerwood Pk Blvd                    | <input checked="" type="checkbox"/> Add    |
|              |                                 | Jacksonville, FL 32256                    | <input type="checkbox"/> Remove            |
|              |                                 |   | <input type="checkbox"/> Change            |
|              |                                 |   | <input type="checkbox"/> Add               |
|              |                                 |   | <input type="checkbox"/> Remove            |
|              |                                 |   | <input type="checkbox"/> Change            |

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TREASURY  
JANUARY 1, 2023

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

1047

SECRETARY OF STATE

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THE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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 March 9th 2023

Marc Edwards

Signature of a member or authorized representative of a member

MARC EDWARDS

Typed or printed name of signee

**Filing Fee: \$25.00**