P11000092638

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10/4/19

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Twin Lake	es Mobile Hor	me Park, Inc.
	_{BER:} P11000092		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	John P Miller		
	*****	Name of Contact Person	n
	John P Miller C	CPA PA	
		Firm/ Company	
	2499 Glades R	Rd Ste 304	
	<u> </u>	Address	
	Boca Raton, F	L 33431	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
John P Mil	ler	at (561	, 368-9777
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

	Articles of Incorporation	2014 OCT -6 PM 4:00
Twin La	kes Mobile Home Par	
(Name of Corporation as curren	kes Mobile Home Par) (ALL PHASSEE, FLORIDA
	P11000092638	70.
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) t
A. If amending name, enter the new name of t	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co". A professional	"incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)	
D. If amending the registered agent and/or rep	sistand office address in Elevido, outon	the name of the
new registered agent and/or the new regist		the name of the
Name of New Registered Agent		
	(Florida street address)	, , , ,
New Registered Office Address:		Florida
	(City)	Florida(Zip Code)
New Registered Agent's Signature, if changing	Davietorad Agant	
New Registered Agent's Signature, it changing I hereby accept the appointment as registered age		ligations of the position.
		•

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	Y	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name	Address	
1) Change	VPD		Parisi, Theodora S	6748 Cobia Circle	
Add		_		Boynton Beach, FL 33437	
Remove			·		
2) Change					
Add					
Remove					
3) Change		_			
Add			•		
Remove					
4) Change			· · · · · · · · · · · · · · · · · · ·		
Add				Attention to the second	
Remove					
5) Change					
Add	,				
Remove					
6) Change					
Add					
Remove					

tach additional sheets, if necessary)	. (Be specific)				
		•••		•	
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		WINA			
		·			
A A Paraconnel de la Company d					
	· · · · · · · · · · · · · · · · · · ·	•			
n amendment provides for an executions for implementing the ame (if not applicable, indicate N/A)	hange, reclassific endment if not co	cation, or cance ontained in the	ellation of issue amendment its	ed shares, self:	
		·			
			**		

The date of each amendment(s) ac date this document was signed.	loption:	_, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	toved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 09/25/20 Signature	Jul /	_
	rector, president or other officer – if directors or officers have not been by by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Paul Parisi (a) (c)	-
•	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	-