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(Ře	questor's Name)	
(Ad	idress)	
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·	,	
(Cit	:y/State/Zip/Phone #;)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	
		

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RECEIVED

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Land J Mobile Home Dealer Services (DOCUMENT NUMBER: P2400006902)	Zor f
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person Land Mobile Home Dealer Services Corp Firm/ Company 190 Starwood Lane Address Chattahochee FL 32324 City/ State and Zip Code Land Mobile Home dealer Services @ 44 Mobile E-mail address: (to be used for future annual report notification)	- į-
For further information concerning this matter, please call:	
Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

,	of	-				
L and I mor	sile thme	Dealer	Sorvices	Cor D		
(Name of Con	rporation as currently			2)		
P240	00000	1621				
	(Document Number of	Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this I	Florida Profit Cor	poration adopts the	following a	ımendn	nent(s) t
A. If amending name, enter the new name of	f the corporation:					
					he ne	
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or th	" "Inc." or "Co". A	ompany," or "inc professional coi	orporated" or the abs poration name mus	breviation ' t-contain t	"Corp., he woi	rd
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>						
						,
C. Enter new mailing address, if applicable				SEC	202Կ	
(Mailing address <u>MAY BE A POST OFF)</u>	(CE BOX)				==	
				AΣ	₽ 	CINCERN WALEAR
				λς Υ	F	\$ *****
				<u></u>	<u> </u>	2 · F
D. If amending the registered agent and/or new registered agent and/or the new registered.			iter the name of the	E STA	10: t ⁵	PRESERVE
	istre office nouress.	-		L E	ည်	
Name of New Registered Agent			-			
	421					
	(Florida stre	get oddress)				
New Registered Office Address:		With 1	, Florida_	<i>a: c</i>		
	•	(City)		Æip Cod	te)	
New Registered Agent's Signature, if changi	ing Registered Agent:					
I hereby accept the appointment as registered of	agent. I am familiar w	rith and accept the	e obligations of the p	osition.		
	Signature of New Re	egistered Agent, if	changing			
	- -					

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u> <u>John J</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	DS	Amber Lemius	774 tolar Rd Quincy FL 30351
Remove 2) Change Add	DS_	Maryann Mclaughlin	370 tolarunial Quincy FL 3035)
Remove Change Add			2021 HAR ILL SEGRETAR TALLAHA
Remove 4) Change Add			SEE SATE
Remove 5) Change Add			
Remove 6) Change Add Remove			

Attach additional sheets, if necessary).	(Be specific)	
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		OF STATE
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f an amendment provides for an exc	change, reclassification, or cancellation of issued tendment if not contained in the amendment itse	l shares,
(if not applicable, indicate N/A)	tendment is not contained in the singularities	<u>eu:</u>
 		

The date of each amendment(s) add date this document was signed.	option:	if other than the
Effective date if applicable:		
Enective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendr ficient for approval.	nent(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following state to voting group entitled to vote separately on the amendment(s):	alement
	or the amendment(s) was/were sufficient for approval	
	"	
by	(voting group)	
DatedSignature	3-14-20 24 me	
(Bý/a dir selected,	Type or printed name of person signing) (Title of person signing)	2024 HAR ILL AM 10: 45 SECRETARY OF STATE TALLAHASSEE. FL