

417 000 253 928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

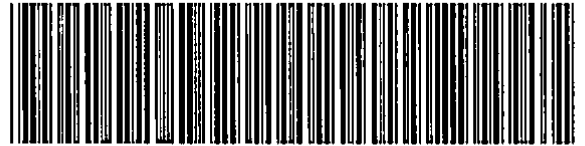
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN -5 AM 12:09

LAW OFFICE OF FRANK P. SAIER, P.A.

1701 NW 80th Boulevard
Suite 102
Gainesville, Florida 32606
Telephone: (352) 377-6111
Fax: (352) 377-6118
Email: franksaierlaw@gmail.com

January 2, 2018

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Amendment Section

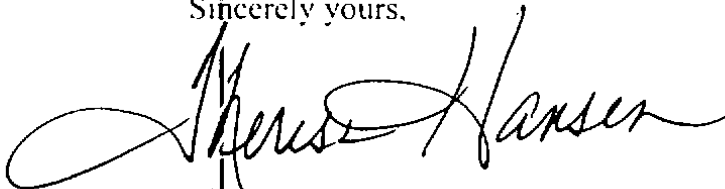
RE: Suwannee River Bend RV Park, LLC
Document No.: L17000253928

Dear Sir/Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization together with our firm check in the amount of \$25.00 for payment of the filing fee. As such, we would appreciate your filing the enclosed Articles of Amendment and returning the filed Articles in the envelope provided at your earliest opportunity.

Thank you most cordially for your assistance in this regard. Should you have any questions, or need anything further, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in cursive script that reads "Theresa Hansen". The signature is written in black ink and is positioned above the printed name.

Theresa Hansen

/th
Enclosures (as above-stated)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUWANNEE RIVER BEND 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 12/12/2017 and assigned Florida document number L17000253928.

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 contain the words "Limited Liability Company," the designation "L.L.C." 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN -15 AM 10:08

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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	SONJA L. REED	P.O. BOX 247	<input type="checkbox"/> Add
		SUWANNEE, FL 32692	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ROBERT D. REED	P.O. BOX 847	<input type="checkbox"/> Add
		OLD TOWN, FL 32680	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSEPH W. BIRCHFIELD, III	6452 NW 50TH STREET	<input type="checkbox"/> Add
		CHIEFLAND, FL 32626	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

