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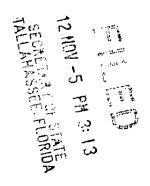
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EXAMINER



700241394807

11/05/12--01006--022 **30.00



COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	SKY MOUNTAIN LLC			
SUBJECT	Name of Limited Liability Company			
٠				
The enclosed	Articles of Amendment and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
LEONARD J. GORDON				
	Name of Person			
SKY MOUNTAIN LLC				
	Firm/Company 9			
	4525 TREEHOUSE LANE BLDG.5#B			
Address				
	TAMATAC, FL 33319			
	City/State and Zip Code			
	GILBERTGORDON@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)			
For further in	formation concerning this matter, please call:			
i or iurmo	omanon contest ming this marter, preuse can			
	GILBERT J.GORDON at (954) 260-3338 Name of Person Area Code & Daytime Telephone Number			
	Name of Person Area Code & Daytime Telephone Number			
Parland in a	about Conduc Cillandia annual			
	check for the following amount:			
\$25.00 Fil	ing Fee \$\sum \subseteq \s			
	MAILING ADDRESS: STREET/COURIER ADDRESS:			
. •	Registration Section Registration Section Division of Corporations Division of Corporations			
·	P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SKY MOUNTAIN LLC			
(Name of the Limited	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	C. E. Line	
(1)	Tionaa Emitea Elaomiy Company	"	S. 7 1	
The Articles of Organization for this Limited Lia	ability Company were filed on _	MARCH 19, 2009	and assigned	
Florida document number L09000027	044			
	·		(A) (A)	
This amendment is submitted to amend the follo	owing:		ORTH W	
			T	
A. If amending name, enter the new name of	the limited liability company f	<u>iere</u> :		
			, , , , , , , , , , , , , , , , , , ,	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Con	npany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
	······································			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)			
1001 0111001				
	<u> </u>			
B. If amending the registered agent and/o	or registered office address of	n our records, enter t	he name of the new	
registered agent and/or the new registered of		out total us, <u>olivor</u>		
Name of New Registered Agent:	GILBERT J. GORDON			
	AFOE TOFFLIOUOF ! AN	E DI DO 5#8		
New Registered Office Address: 4525 TREEHOUSE LANE, BLDG.5#B				
	•	Enter Florida street add	ress	
	TAMARAC	, Florida	FL 33319	
	City		Zip Code	
New Desistand Agent's Cignotum of shancing D	naintannal America			

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address GILBERT J. GORDON** MGR: ✓ Add
☐ Remove 4525 TREEHOUSE LANE, BLDG5#B TAMARAC, FL 33319 ☐ Add Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 30 Dated_ 2012 Signature of a member or authorized representative of a member **GILBERT J. GORDON** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00