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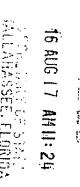
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	ı



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COVER LETTER

то:	Registration Sect Division of Corpo			
SUBJEC	CT:	Name of Limi	Mountain Pr	aperties LCC
The encl	osed Articles of Ar	mendment and fee(s) are subt	nitted for filing.	
Please re	eturn all correspond	lence concerning this matter	to the following:	
	**p=, 10 ; 1	The organis	Name of Person	، پا
		_ Hourborn	Nanagement 5	enics.
		25.19 N.M.	Mullen Booth R	d. Suite 510-307
		Clearwa! Carme E-mail address: (1	City/State and Zip Code Code abraham Scool of be used for future annual report notifications.	n.biz
For furth	ner information cor	accrning this matter, please ca	all:	
D	Name of I	25 Frowski Person	at (737) 736 Area Code Daytime	71 7 7 Telephone Number
Enclosed	d is a check for the	following amount:		
□ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal M	ountour Properties LI	
	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	204 and assigned
This amendment is submitted to amend the following	ÿ.	
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 "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	5
		SSE T
B. If amending the registered agent and/or registered agent and/or the new registered office a		nter the name of the new
registered agent and/or the new registered office a	rduress nore.	53 = 13
Name of New Registered Agent:		24 8107
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Floric	
	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>	Address	Type of Action
MGR.	Mary Jane Arbotine	2519 N.McMullon Booth & Suite 510-307	AAGG
		Clearwater, FL. 33761	Remove.
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Page 3 of 3

Filing Fee: \$25.00