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R. WHITE

COVER LETTER

FO: Registration Se Division of Cor			
Mountain A			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Kathleen Hainisch		
		Name of Person	
	Mountain Acres LLC		
		Firm/Company	
	PO BOX 2420		
	-	Address	, 1, 111 - 1, 2, 2 - 1 - 1 11 11 1
	Dunnellon FL 34430		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	ull:	
Kathleen Hainisch		352 489-1411 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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:

TO:

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

7015 HAY 20 PH 2: 31 Mountain Acres LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) : 1.77 The Articles of Organization for this Limited Liability Company were filed on $\frac{4-22-05}{}$ and assigned Florida document number <u>L05000041376</u> 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 "LLC" 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) 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 Dunnellon Florida 34430
City Ziv 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.

f 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 a or removed from our records:					
MGR = N	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Kathleen Hainisch				
			7.		
		PO BOX 2420 Dunnellon FL	Remove		
		34430	Change		
			Add		
			□ Remove		
			Change		
			Remove		
			□ Change		
			Remove		
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			□ Remove		
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n effectiv <u>ite:</u> Ti t	date, if other than the date of filing:
record he 90	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier th day after the record is filed.
	May 15 2019
	•
	Kathleen Hains R Signature of a member or authorized representative of a member

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Filing Fee: \$25.00