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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

resil.	Address:		
	Address:		



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOUNTAIN INVESTMENT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mountain Investment Holdings, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L06000014371</u> .	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited link	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)			
		7 P	
		N N	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		S = 17	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street uddress		
	Florida Zp Code		
New Registered Agent's Signature, if changing Registered Agent:	•	21р Сса <b>є</b>	
		then come to comply with the	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and S.S. Or, if this document is	
If Char	naing Registered Agent Signature of	New Registerest Agent	

From: Kaity Toon

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

Title	Name	Address	Type of Action
MGR	Glenn W. Dempsey	400 S. Record Street	□Add
		Suite 1600	■Remove
		Dallas, TX 75202	□ Change
MGR	Katic Fagan	400 S. Record Street	■Add
		Suite 1600	_
		Dallas, TX 75202	□ Change
			□Add
			□Remove
			Change
	•	<del> </del>	
			□Change
		<del></del>	
			□Remove
			Change
			□Remove
			(T) Change

From: Kaity Toon

Typed or printed name of signee