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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

DEC - 2 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: MOUNTAIN CREST VIEW ILC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MIChael E Murray (Name of Person)
MOUNTAIN CREST VIEW 11 C. (Firm/Company)
115 NORTH MAITLAND AUENUE (Address)
ALTAMONTE SPRINGS FLORINA 32701 (City/State and Zip Code) ALTAMONTE SPRINGS FLORINA 32701 ALTAMONTE SPRINGS FLORINA 32701
For further information concerning this matter, please call:
Michael E. Mussay at (407) 331-4300 St. (Area Code & Daytime Telephone Number) St.
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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**

Mountain	Crest LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u> </u>	iny were filed on May 19, 2006 and assi	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Mountain Crest View	LLC	
The new name must be distinguishable and end with the words "Lin" L.L.C."	imited Liability Company," the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	N & ELO	20
(Principal office address MUST BE A STREET ADDRESS)	ARE U	<u> </u>
Enter new mailing address, if applicable:	AA CON	LED
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		f the new
Name of New Registered Agent: DNA		
New Registered Office Address:	(Enter Florida street address)	
·		
	, Florida(Zip Code	 2)
New Registered Agent's Signature, if changing Registered Agent	nt:	

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)

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
l <u>a</u>			Add Remove
			Add Remove
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	ending any other information	, enter change(s) here: (Attach additional st	heets, if necessary.) SECRETAN SEC
			ILLED -1 M 9:05 YOF STATE EE FLORIDA
Dated	Nov. 14 Mily Mily	2008 Te of a member of authorized representative of a E. Olf A. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00