L060000 61602

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COVER LETTER

Divi	sion of Corp	porations		
	STAGECO	ACH HIDDEN CANYON RAI	NCH LLC	
SOBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing	
		ndence concerning this matter to	-	
	·	PAMELA NIX	-	
			Name of Person	
		OLIVER & COMPANY PA		
			Firm/Company	
		1140 STERLING RAOD		
			Address	
		INVERNESS, FL 34450		
			City/State and Zip Code	
		STONEKING.TAMMIE@C		
		E-mail address: (to	o be used for future annual report notifica	tion)
For further in	formation co	ncerning this matter, please ca	11:	
PAMELA N			352 746-1400 at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fi	lling 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

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

FILED

2019 HAR 18 PM 6: 13

STAGECOACH HIDDEN CANYON		
(Name of the Limited I (A	Jiability Company as it now appears on our records Florida Limited Liability Company)	P W CEMHASSEE, FE
The Articles of Organization for this Limited Liabi	lity Company were filed on 6-16-2006	and assigned
Florida document number L06000061602	·	
This amendment is submitted to amend the followi	ng;	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or		, enter the name of the ne
registered agent and/or the new registered office	e address nere:	
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:	Enter Florida street address	
	17mer 1 forma sireet adaress	•
-	, Flo	orida Zip Code
	CIII	mp cour

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>	Name	Address	Type of Action
AMBR	KAREN MORTON	1645 W MAIN ST INVERNESS, FL 34450	= Add
	 	☐ Remove	
			□ Change
			□ Remove
		Change	
		Add	
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
		Add	
		□ Remove	
		☐ Change	
		☐ Remove	
			□ Change

, 11 a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If ar <u>No</u>	ective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dat	ed 03 13 . 2019 .
	Signature of a member or authorized representative of a member
	JAMES W MORTON

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Filing Fee: \$25.00