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To:

Division of Corporations

Fax Number : (850)617-6383

IL

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 : (305)381-8108 Phone : (305)381-8109 Fax Number

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

Email Address: john@sun-belle.com

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

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## COVER LETTER

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SI)	влест:	HONEY M	OUNTAIN, LLC					
30	BIECT.		Name of Limited Liab	ility Compan	у			
			Amendment and fee(s) are submitted for indence concerning this matter to the form					
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			7	lame of Perso	on			
			SUN BELLE INC.	•				
				imi/Compan	у .			
			3810 ROSE STREET					
				Address	-	=======================================		
			SCHILLER PARK, IL 60176			ALLA ALLA	2017	
			City/s john@sum-belle.com	State and Zip	Code	HASS	י שוו וון	בו ה
			E-mail address: (to be use	ed for future r	unnual report notific	altion)	亡	!
For	r further i	nformation o	concerning this matter, please call:				U	
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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

HONEY MOUNTAIN, LLC		
(Name of the Limited Liability Com (A Florida Limite	ouny as it now annears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/18/2006	and assigned
Florida document number L06000119978		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:		SS -
(Mailing address MAY BE A POST OFFICE BOX)		
		The contract the name of the na
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	iere:	> o
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Einer Florida str <del>ee</del> t aa	dress
		, Florida
	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
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			□ Remove
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