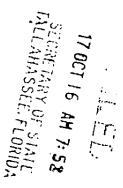
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	(Requestor's Name)	
	(Address)	-
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
	Office Use Only	



10/16/17--01015--023 \*\*25.00



### **COVER LETTER**

SUBJECT:		ivestors, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del> </del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ron DeCorte		
			Name of Person	
		Mountain Investors, LLC		
			Firm/Company	
		3901 Stoneshire CT		
			Address	
		Fort Worth, TX 76179-251	6	
			City/State and Zip Code	
		rondecorte@att.net		
		E-mail address; (	to be used for future annual report noti	fication)
For further in	iformation c	oncerning this matter, please ca	all:	
Michael Coc	k		973 222 1601	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:

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 Investors, LLc		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our record: ned Liability Company)	<del>7.</del> )
The Articles of Organization for this Limited Liability Comp	any were filed on 12/18/2006	and assigned
Torida document number L06000121240		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited t	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		12 S
inter new mailing address, if applicable:	Ron DeCorte	70CT SHETA AHAS
Mailing address MAY BE A POST OFFICE BOX)	3901 Stoneshire Ct	138
	Fort Worth Texas, 76179-2516	79 7
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		s. enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	γ
	ri.	orida
<del></del>	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>	<u>Address</u>	Type of Action
MGR	Michael A Cook	4116 SE 20th PL	
		Unit 201	C n
		Cape Coral, FL 33904	Chan .
			Add
			□ Remove
			Change
	<del></del>		Add
			□ Remove
			□ Change
			Remove
			□ Change
			□ Add
		***	☐ Remove
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. Effective date, if other than the (If an effective date is listed, the date means Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior to d block does not meet the applicable	(o) ate of filing or more than 90 days a	ptional) fier filing.) Pursuant to 605,0207 (3) this date will not be listed as the
the record specifies a delayed) The 90th day after the re		n effective time, at 12:0	1 a.m. on the earlier of:
Dated October 12	2017		
Michael a	Signature of a member or authorize		
	Signature of a member or authorize	ed representative of a member	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00