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COVER LETTER

		sion of Corpo				
SUBJEC	CT:	CAROLINA	CONNECT MOUNTAIN P	ROPERTIES, LLC		
			(Name of Lim	ited Liability Company)		
The encl	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			Christopher C. Cathcart,			
				(Name of Person)		
Ossinsky & Cathcart, P.A.						
				(Firm/Company)		
2699 Lee Road, Suite 101						
				(Address)		
Winter Park, FL 32789						
(City/State and Zip Code)						
For furth	ner in	formation cor	acerning this matter, please c	all:		
Joann D	Dunc	an		at (407) 629-2484		
		(Name of	Person)	(Area Code & Daytime T	elephone Number)	
Enclosed	d is a	check for the	following amount:			
\$25.0	00 Fi	ling 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

08 SEP 30 AH 10: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CAROLINA CONNECT MOUNTAIN PROPERTIES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 19, 2008 and assigned Florida document number <u>L08000</u>079189 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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 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.

(City)

, Florida j

(Zip Code)

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 Type of Action **Title Name Address** KRIS B. GEORGE **MGR** 2239 Chippewa Trail m(7) Add Maitland, FL 32751 Remove DAVID D. LIPUT MGR 1529 Antoinette Court MDA TIE Oviedo FL 32765 ■ 7 Remove KRIS B. GEORGE 2239 Chippewa Trail Maitland FL 32751 Remove **VP** BRIAN T. BATESON 1153 Oak Tree Circle Altamonta Springs, FL 32714 Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

2008

Dated August 19,

Signature of a member of analysison representative of a memor

KRIS B. GEORGE
Typed or printed name of signee

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Filing Fee: \$25.00