

LU90000068987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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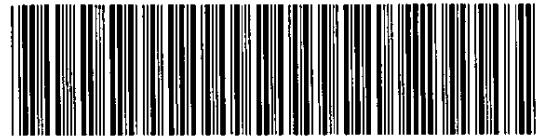
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2009 JUL 27 AM 10:49

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FILED

09 JUL 27 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 27 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 077222 7525808

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : July 24, 2009

ORDER TIME : 5:08 PM

ORDER NO. : 077222-005

CUSTOMER NO: 7525808

FILED  
09 JUL 27 PM 2:45  
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: MOUNTAINS R US, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MOUNTAINS R US, 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 07/17/2009

Florida document number L09000068987

FILED  
09 JUL 27 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**

6440 SW 106th Street

Miami, FL 33156

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

6440 SW 106th Street

Miami, FL 33156

**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)

, 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 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

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                          | <u>Type of Action</u>                                                      |
|--------------|---------------|-----------------------------------------|----------------------------------------------------------------------------|
| MGR          | Michele Tuvel | 12180 S.W. 70 Court<br>Miami, FL 33156  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Michele Tuvel | 6440 SW 106th Street<br>Miami, FL 33156 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |               |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 24, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Andrew B. Hellinger

\_\_\_\_\_  
Typed or printed name of signee