

L11000029630

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 17 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HENRY MOUNTAIN HIDEAWAY L.L.C.**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DALE L. STRICKLAND**

Name of Person

**HENRY MOUNTAIN HIDEAWAY L.L.C.**

Firm/Company

**116 ARIETTA SHORES DRIVE**

Address

**AUBURNDALE, FL 33823**

City/State and Zip Code

**MPSTRICK5454@AOL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DALE L. STRICKLAND**

Name of Person

**863 967-8091**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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

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2013 SEP 16 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HENRY MOUNTAIN HIDEAWAY, L.L.C.

(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 03/08/2011 and assigned  
Florida document number L11000029630.

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)

116 ARIETTA SHORES DRIVE

AUBURNDAL, FL 33823

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:

DALE L. STRICKLAND

New Registered Office Address:

116 ARIETTA SHORES DRIVE

*Enter Florida street address*

AUBURNDAL

*City*

Florida 33823

*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.*

*Dale L. Strickland*  
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	DENNIS STRICKLAND	16366 127TH DR. N.	<input type="checkbox"/> Add
		JUPITER, FL.	<input checked="" type="checkbox"/> Remove
		33478	
MGRM	SHANNON D. STRICKLAND	16366 127TH DR. N	<input type="checkbox"/> Add
		JUPITER, FL	<input checked="" type="checkbox"/> Remove
		33478	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

Dated SEPTEMBER 11, 2013.

*Dee L. Strickland*

Signature of a member or authorized representative of a member

Dee L. Strickland

Typed or printed name of signee

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Filing Fee: \$25.00

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