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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Mountain Vista Partners LLC Name of Limited Liability Company | |
| 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: | |
| AMAR PATEL / Mark Cobb Name of Person | |
| Mountain Vista Partnes LLC Firm/Company | |
| 5535 Williamson Blvd. Suite 650 Address | |
| Port Orange, FL 32128 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| AMAR PATEL at (973) 944-8870 Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: \$\sum{25.00}\$ Filing Fee \times \bigcup \$30.00 Filing Fee \times \bigcup \times \ | |
| | |

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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| Mountain Visty Party | ers CCC |
|--|--|
| Name of the Limited Liability Compa (A Florida Limited I. | ny as it now appears on our records. iability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L/1000038389</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liab</u> | <u>ility company here</u> : |
| The new name must be distinguishable and end with the words "Limi" "L.L.C." | ted Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 5535 Williamson Blvd |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 650 |
| | Suite 650 Port Orange FL 32128 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 5535 Williamson Blud Suite 650 |
| | Port Orange, FL 32128 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | SE TALE |
| Name of New Registered Agent: | Patel ARE |
| New Registered Office Address: 553.5 | Williamson Blud. Spite GSOPTI |
| Port C | Williamson Blud. Sole 65077 Enter Florida street address (City) Florida 232 28 Zip Code |
| New Registered Agent's Signature if changing Registered Agent: | |

100

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------------------|--|-------------------|
| <u> </u> | Amar Patel | 255 Evernia St. #1321 West Palm Beach, FL 33401 | Add Remove |
| MGRM | Mark Cobb | 134 Hickory Stick Court Debury FL 32713 | Add Remove |
| Mbrm | Jennifer Coldo | 134 Hickory Stick Court Debay FL 32713 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ng any other information, enter chang | e(s) here: (Attach additional sheets, if necessary.) | |
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| | | | - - |
| Dated Ja | Mark Er | 2. H | |
| | Mark Cohb | or authorized representative of a member — M G R M or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00