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COVER LETTER

TO: Registration Section **Division of Corporations** MOUNTBACK ESTATES FLORIDA LLC SUBJECT: 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: **IDA COVIES** Name of Person IDA C OVIES CPA PA Firm/Company 3785 NW 82 AVE STE 302 Address City/State and Zip Code **DORAL FL 33166** E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **IDA C OVIES** Name of Person 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

MOU	NTBACK ESTATES FLORIDA LLC	2 22
(Name of the Limited	Liability Company as it now appears on our records.) Very Company (Company)	6 74
The Articles of Organization for this Limited Liability Florida document number <u>L12000130336</u>	bility Company were filed on OCTOBER 12, 2012	and assigned
This amendment is submitted to amend the follow	ving:	·
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>enter t</u> ice address here:	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	MOUNTABACK ESTATES LIMITED SAC	LIMA CITY, LIMA PROVINCE	
		DEPARTMENT OF LIMA	
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Affective date, if other than the defeative date is listed, the date must be be. If the date inserted in this block.	ck does not meet the a	pplicable statutory	(opti or more than 90 days afte filing requirements, th	onal) r filing.) Pursuant to 605.02 is date will not be listed
document's effective date on the Dep	partment of State's rec	cords.		
ne record specifies a delayed The 90th day after the reco		it not an effecti	ve time, at 12:01	a.m. on the earlier
Dated	2019			
			7.	

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Typed or printed name of signce

Filing Fee: \$25.00