

L130000 36238

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

16 JUL 29 AM 10:46

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_ MOUNTS MAINTENANCE, LLC  
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:

DARRIN S. MOUNTS

Name of Person

MOUNTS MAINTENANCE, LLC

Firm/Company

707 TEE CIRCLE

Address

NEW SMYRNA, FLORIDA 32168

City/State and Zip Code

JULIE.MOUNTS@YMAIL.COM

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

For further information concerning this matter, please call:

DARRIN S. MOUNTS	386	233-4862
Name of Person	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**

MOUNTS MAINTENANCE, 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 MARCH 8, 2013 and assigned  
Florida document number L13000036238.

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 contain 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

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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Type of Action</u>
MGR	JACOB SANDERS	707 TEE CIRCLE	<input type="checkbox"/> Add
		NEW SMYRNA, FL 32168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEREMIAH J. KRAMER	707 TEE CIRCLE	<input checked="" type="checkbox"/> Add
		NEW SMYRNA, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(optional)

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Pursuant  
will not  
46

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 26, 2016

Dorrie Murdock

Signature of a member or authorized representative of a member

DARRIN S. MOUNTS

Typed or printed name of signee