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SECRETARY OF STATE TALLIAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Se Division of Con				
	salnd Properties			
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub	_		
	Kenneth D. Moye			
	<del> </del>			
	Mountain Island Properties	S.		
Firm/Company				
	3611 Mt. Holly-Huntersvil	le Rd Ste 204-211		
	<u> </u>	Address	· · · · · · · · · · · · · · · · · · ·	. <b>5</b> 0
	Charlotte, NC 28216			ガリ
		City/State and Zip Code		E SE
	mtislandproperties@gmail.d	com to be used for future annual report notif	Jackion)	Signal Control
For further information of	concerning this matter, please c		Cauony	7 JAN 23 PH 4: 43
Kenneth D. Moye		980 348-6519		ئے ہے۔ چ
Name o	f Person		: Telephone Number	
Enclosed is a check for the	he 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)	ı
MAIL	ING ADDRESS:	STREET/COURU	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mountain Island Properties				
(Name of the Limited Li (A F)	ability Compa lorida Limited	ny as It now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili	ity Company	were filed on <u>09/08/1</u> :	5	and assigned
Florida document number L15000149360	·			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
Mountain Island Funding LLC				
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designa	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable	<b>.</b>	Same	· · · · · · · · · · · · · · · · · · ·	T FEE
(Principal office address MUST BE A STREET A)	DDRESS)			至毁
			· · · · · · · · · · · · · · · · · · ·	23 55
			2 57	
Enter new mailing address, if applicable:		Same	<del></del>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	Q			<b>5</b> 写
				· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or r registered agent and/or the new registered office			records, enter the	name of the new
Name of New Registered Agent:	ame			
New Registered Office Address:				
		Enter Florida st	reet address	
_	<del></del>	· · · · · · · · · · · · · · · · · · ·	, Florida	
		City	2	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> Name <u>Address</u> **Type of Action** □ Add \_□ Remove \_□ Change ☐ Remove □ Change □ Remov Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove \_ Change \_D Add ☐ Remove

☐ Change

	<u></u>
	2
	PH.
	JAN 23 PH 4: 4:3
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to Note:  If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207 able statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of
Dated January 19th , 2017	` > M
- Aunth	rized representative of a member
Signature of a member or author	

Page 3 of 3

Filing Fee: \$25.00