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SECRETARY OF STATE OIVISION OF CORPORATIONS

N. CAUSSEAUX JUN -2 2017



COVER LETTER

TO:		stration Sec sion of Corp			
ountry		MOUNTING	G CREEK GROUP		
SUB) E(CI: .		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn	all correspor	dence concerning this matter	to the following:	
			JUAN SALVAT		
				Name of Person	
				Firm/Company	
			6952 NW 51 STREET		
				Address	
			MIAMI, FL 33166		
				City/State and Zip Code	
			JSALVAT@BARCOL.NE		
			E-mail address: (to be used for future annual report noti	fication)
For furth	ner in	formation co	ncorning this matter, please ca	all:	
JUAN S	SALV	AT ,		305 591-3732 at ()	
		Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	d is a	check for the	e following amount:		
≌ \$25.	.00 Fi	ling 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

MOUNTING CREEK GROUP 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 05/12/2016 and assigned Florida document number _____L16000093663 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOUNTAIN CREEK GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

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 = M $AMBR = A$	lanager uthorized Member		
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te: If the date is used, the date must be specific and cannot be prior to date of filing or more uses. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, this date will not be list	ed a
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	, at 12:01 a.m. on the earli	er o
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Typed or printed name of signee

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