

L17000029155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

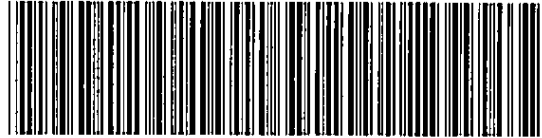
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

EFFECTIVE DATE
9/20

Office Use Only



100316857451

08/17/18--01010--008 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 SEP 20 AM 10:26

FILED

SEP 21 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2018

MIKE TISSIER
14266 REFLECTION LAKES DRIVE
FT MYERS, FL 33907

SUBJECT: BLUE MONT CAPITAL LLC
Ref. Number: L17000029155

FILED
18 SEP 20 AM 10:26
TALLAHASSEE, FLORIDA

We have received your document for BLUE MONT CAPITAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 818A00017639

RECEIVED
18 SEP 20 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Blue MONT CAPITAL 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:

Michael Tissier
Name of Person

Blue MONT CAPITAL
Firm/Company

14266 REFLECTION LAKES DR.
Address

FT. MYERS, FL 33907
City, State and Zip Code

MIKE@MTISSIER.COM
E-mail address: (to be used for future annual report notification)

FILED
18 SEP 20 AM 10:26
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MIKE TISSIER at (289) 851 4140
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Blue Mont Capital 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 _____ and assigned
Florida document number L17000029155

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 "LLC."

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)

FILED
18 SEP 20 AM 10:26
TALLAHASSEE, FLORIDA

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:

CARLOS ORTIZ

New Registered Office Address:

14266 Reflection Lakes Dr. Ft. Myers
Enter Florida street address

Ft. Myers, Florida 33907
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.

Carlos Ortiz
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	CARLOS ORTIZ	14266 Reflection CIRCLE FRIMYERS FL 33907	<input checked="" type="checkbox"/> Add
		MICHAEL TISSIER	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		MICHAEL TISSIER	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 20 AM 10:26
TALLAHASSEE, FLORIDA

FILED

18 SEP 20
ALLAHSEE

18 SEP 20 AM 10:29
TALLAHASSEE, FLORIDA

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.

9/7/2018
 [Signature] (current msr) [Signature] (new msr)
 Signature of a member or authorized representative of a member

MILHA TISSIE (Current mgr) CARLOS ORTIZ (new mgr)
Typed or printed name of signee