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S. WARREN 'JUN 1 6 2017

COVER LETTER

TO: Registration Section Division of Corpo	ion prations	,	
GuardianMou	ıntain LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Richard E. Berman		
		Name of Person	
	Blank Rome LLP		
		Firm/Company	
	500 E. Broward Blvd., Suit	e 2100	
		Address	
	Ft. Lauderdale, FL 33394		
		City/State and Zip Code	
	RBerman@BlankRome.com	 be used for future annual report notifica 	tion
For further information con	cerning this matter, please ca	•	
Richard E. Berman		954 512-1832 at ()	
Name of P	erson	Area Code Daytime To	elephone 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

GuardianMountain LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears of Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number L17000037072	ny were filed on $\frac{02/13}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company hero	:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desi	gnation "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 registered agent and/or the new registered office address he		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of m s provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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>	Address 10 10 10 210	Type of Action
MGR	Richard E. Berman	Address 500 E. Braward Blvd., Suite 210. Fr. Landerdale, Fl 33394	_ ■ Add
			□ Remove
			_ E Change
MGR	Kirsten Dehaan		□ Add
			_ ■ Remove
			Change
MGR	Cara Dehaan		Add
			_ Remove
			_ Change
			_□ Add
			_□ Remove
			_□ Change
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		SEE, FLORIDA	Change
		ROA	⇔ □ Change

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	of filing: 6/1/2017	/ N
ective date, if other than the date effective date is listed, the date must be spi	ecific and cannot be prior to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.02
e: If the date inserted in this block do ument's effective date on the Departn	es not meet the applicable statutory filing requirement of State's records	nents, this date will not be listed
ument's effective date on the Departit	ient of state 3 records.	
record specifies a delayed effe	ctive date, but not an effective time, at :	12:01 a.m. on the earlier
ne 90th day after the record is		
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Richard E. Berman	ure of a member or authorized representative of a member of a memb	JUN 15 AM IO: 38 THE FARY OF STATE LIANASSEE, FLORID

Filing Fee: \$25.00