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COVER LETTER

TO: Registration Sect Division of Corpo			
subject: <u>Р/џе</u>	MÜUN HAIN Name of Limi	Beach LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Ma	(V) ROSS	
		, with the control	
		Firm/Company	
	755 Û.	N/wood Chase	
	Rosw	Alwood Chase Address City/State and Zip Code	
	MrOSS731 E-mail address: (t	o be used for future annual report not	fication)
For further information cor	ncerning this matter, please ca	dl:	
Mary Ro	255 Person	at (<u>7770</u>) <u>23</u> Area Code Daytin	35-68/6 ne 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 Fec. 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 Mountain (Name of the Limited Liability)	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L1700131580</u>		7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	Zin Corte
New Registered Agent's Signature if changing Registered A	·	with critical
Now Reputtered Adent t Nighature it chanding Redittered A	AUPHII"	

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** Address **Type of Action** AMBR Kristen M. Russ 755 Calwood Chase □ Add ROSWELL, GA. 30075 Remove ☐ Change AMBR Lindsay K. Ross 755 Calwood Chase □ Add Roswell, 672. 30075 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing reument's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 605.0 quirements, this date will not be listed
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	
ed <u>June 29</u> . <u>2017</u> . Signature of a frember or authorized representative of a	

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Filing Fee: \$25.00