

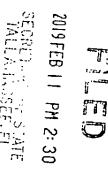
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/11/19
(Document Number)	
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R. WHITE FE3 18 103

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOUNTAIN TOP Property Managerent LL	2
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:	
Ray DeAvalon Name of Person	
Mountain Top Property Management 11C	
1054 Johnson St. Address	
Hollywood, FL. 33019 City/State and Zip Code	
Holiund Water @hotmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ray De Aug 16 N Name of Person at (954) 629-3834 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

ANTICLE	Or Older title	₽
	OF	FILED
Mountain TOP Pro (Name of the Limited Liability CA Florida) The Articles of Organization for this Limited Liability CA	Penty Mana- ty Company as it now appropriate Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>4 190000 11</u>	Company were filed on 2	0/ 65 12 019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Lim	nited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, Florida
	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.

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AR	Bill Marce AV		🗆 Add
		223 main ST. Farmington	ME 04938 Remove
			Change
AR	William Marce	AU 223 Main ST Farmington, ME 04938	_ D Add
		Farmington, ME 04938	☐ Remove
			Change
			□ Add
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Filing Fee: \$25.00