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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

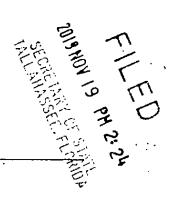
	Registration Se Division of Cor			
		ONT ASSOCIATION LLC		
SUBJEC	:T:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	-	
	•	JORGE ALSINA	C	
		· 	Name of Person	
		GREAT MONT ASSOCIA	ATION LLC	
			Firm/Company	
		446 STONEMONT DR		
			Address	
		WESTON FL 33326		
		JORGEALSINAB@YAHO	City/State and Zip Code OO.ES	
		E-mail address: (to be used for future annual report potifi	cation)
For furth	er information c	oncerning this matter, please or	uil:	
JORGE	alsina		786 340-9818	
	Name of	f Person	786 340-9818at ()	Telephone Number
Enclosed	f is a check for th	ec following amount:		
园 \$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



GREAT MONT ASSOCIATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L19000103381		and assigned
· rorran document manager	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	DECC)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:	<u>lress here</u> :	
Name of New Registered Agent:	<u>lress here</u> :	
	lress here: Enter Florida street add	lress
Name of New Registered Agent:	Enter Florida street ade	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ada City	ress Florida Zip Code
Name of New Registered Agent:	Enter Florida street ada City	

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	IVONNE NEREIDA VALDES	446 STONEMONT DR WESTON FLORIDA 33326	■ Add
			Remove
			Change
			Add
			Reineve
			Change
			☐ Remove
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	11/61/201/	
Note: If the date inserted in the	the date of filing:	
ne record specifies a del The 90th day after the	eyed effective date, but not an effective time, at 12:01 a.m. on the crecord is filed.	earlier of:
Dated November 01	2019 /. tak (Mass	
	Signature of a member of authorized representative of a member	
JORGE ALSINA		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00