Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001683383)))



H200001683383ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : I20010000146
Phone : (407)571-3900
Fax Number : (407)571-4390

**Enter the email address for this business entity to be used for future" annual report mailings. Enter only one email address please. **.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOUNTAIN MAKERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$30.00

020 JUN -4 PM 1:57

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 75 2020



COVER LETTER

Division of Cor			
SUBJECT: MC	ountain Mak	Kens ILC.	
SORTECT: 170	Name of Limi	ted Liability Company	 _
The enclosed Articles of	Amendment and fec(s) are subr	mitted for filing.	
Please return all correspondent	ondence concerning this matter t	to the following:	
	LORI	ANN LINN Name of Person	<u>. </u>
	Haddoc	L Professiona	1 Association
	3300 Kn	ivasity Blvd.	1 Association Suite 218
	Winte	City/State and Zip Code	32792
	100	City/State and Zip Code	10000
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c		
		′ –	30 n P
LORI		at (407) 571-	ne Telephone Number
Name	of Person	Area Code Dayiii	ic 100phono randor
Enclosed is a check for			
S25.00 Filing Fee		 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Solvision of Co The Centre of 2415 N. Monra Tallahassee, F	orporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability	a.			
The Articles of Organization for this Limited Liability Company were florida document number	med on	15/20	_ and assi	gned
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 C	ompany," the desig	mation "LLC" or the abbr	eviation "L.	L.C.''
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			~`	
-			3 T S	
			<i>'</i>	7
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			را ،	1:1
-			,	
B. If amending the registered agent and/or registered office add	ress on our rec		• • •	w registe
agent and/or the new registered office address here:				
No Chiang Designated A conti				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	a street address		
		_, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				

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

If Changing Registered Agent, Signature of New Registered Agent



company has been notified in writing of this change.

وهوا محاويتها وحيده والجراجي

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 = Ma $AMBR = Au$	nnager athorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MOR	Rodney molina	3300 university Blo Winkertach, FL3	D. □Add 2792 Skemove
MG-R	Rodion Molinia	3300 University Bl Winter Park, FL	□Change √d. NAdd 3 2792 □Remove
			□Change
			Remove
			□Add
			Change
			□Add
			□Change
			□ Add
			Change

09-04-50:15:37 :Erom:

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note: If	e date, if other than the date of filing:
record s i is filed	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
ated _	June 1, 2000
,	Signature of a member or authorized representative of a member
	Michael P. Murphy.

Filing Fac. 925 00

09-04-70:17:35 :Ekom: