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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Mou	Intain Top Name of Lim	Cap: tal LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nicholas	Name of Person	
	Mountain	Top Capital L	LC
	4490 AlL	1 q Address	
	Palm the	Harbor FL 3 City/State and Zip Code	4683
	nicholas. Vo E-mail address: (	eller @gmail. Com	cation)
For further information c	oncerning this matter, please ca	all:	
Nicholas 1	Joeller	at (727) 482- Area Code Daytime	6996 Telephone Number
, and o			
Enclosed is a check for th	ne following amount:		
얼 \$25.00 Filing Fee	S30.00 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)

TO:

**Registration Section** 

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mountain Top	Capital Ll	'-C	
(Name of the Limited (A	Liability Company as it now ap Florida Limited Liability Compar	y)	
The Articles of Organization for this Limited Liab		05/11/2021	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company	here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," t	he designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET.	4DDRESS)	<u> </u>	
	-		
		·	清
Enter new mailing address, if applicable:			~ ~ ~
Mailing address MAY BE A POST OFFICE BO	)X)		-0
	<u></u>		<del></del>
	<del></del>		<del></del>
B. If amending the registered agent and/or reg		r records, enter the name	of the new registered
Name of New Registered Agent:	·		
New Registered Office Address:		Florida street address	<del></del>
	Enter	r torida street adaress	
		Florida	<del></del>
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Nicholas 1	loeller	4490 alt 19	LAdd
			Palm Harbor, FL, 346	<u>B</u> }□Remove
				□Change
MGR	William V	oeller	4490 alt 19, Palm Harbo	✓□Add
			FL, 34683	
		Change	from MGR to AMBR	Lange
				🗀 Add
				□Remove
				Change
		<u> </u>		. ☐ DDAdd
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factive data if other than the date of filing:	(ontional)
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filingte:  If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.	l a.m. on the earlier of: (b) The 90th day after the
100 06 June 121st. 2021.	
Signature of a member or authorized represe	
Ciadatura alla mankar ar antikarian languar	entative of a member

Filing Fee: \$25.00