## L21000272405

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
Valerie M (	Cola Real Estate Holdings LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Valerie M Cola				
		Name of Person			
		Firm/Company	<del> </del>		
	2500 Flowers Chapel Rd				
		Address			
	Dothan Al. 36305				
		City/State and Zip Code			
	valerie9295@aol.com	to be used for future annual report noti	(legtion)		
For further information c	oncerning this matter, please ca		incation)		
Valerie Cola		850 624-5060 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of Corporations			Division of Corporations		
P.O. Box 632	7	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Valerie M Cola Real Estate Holdin	•		2022 MAR 11 PM 4: 01
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ui recorus.)
The Articles of Organization for this Limited L			TALL ABASSES STATE
Florida document number 1.21000272405	J P J		
riorida document number	,		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
BLUE MOUNTAIN PARAT	DISE LLC		
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2500 Flowers Chapel	Rd
		Dothan AL 36305	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2500 Flowers Chapel	Rd
		Dothan AL 36305	
B. If amending the registered agent and/or in agent and/or the new registered office addre		iddress on our record	s, enter the name of the new registered
agent and/or the new registered office addre	ss nere:		
Name of New Registered Agent:	Valerie M Cola		
New Registered Office Address:	164 Blue Lupine	e Way Unit 312	
new registered Office Address.	<del></del>	Enter Florida str	eet address
	Santa Rosa Bea	ch	, Florida <sup>32459</sup>
		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>	Name	<u>Address</u>	Type of Action
MGR	1031 Reverse Exchange Co LLC	1520 Royal Palm Square Blvd Suite 320	□Add
		Ft Myers FL 33919	<b>■</b> Remove
		·	□Change
MGR	Valerie M Cola	2500 Flowers Chapel Rd	<b>=</b> Add
		Dothan AL 36305	□ Remove
			□Change
			□ <b>Λ</b> dd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		······································	□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
record 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 distribution of the filed.	he
Dated November 22 2021	
Moresa Known	
Signature of a member or authorized representative of a member	

Typed or printed name of signee