## 121000460814

(	Requestor's Name)	
	Address)	
(	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

Office Use Only



100378798131

02/16/22--01014--007 \*\*25.00



Y. SCOTT MAR - 1 2022

## **COVER LETTER**

TO: Registration Se Division of Co								
MT HOUS	E, LLC		٠,					
SUBJECT:	Name of Lim	nited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
	ondence concerning this matter							
	Bryan J. Stanley							
		Name of Person	<u> </u>	_				
	Bryan J. Stanley, P.A.							
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	-				
	209 Turner St		13.5	2022 F	e;- <b></b>			
	-	Address		FEB 16				
	Clearwater, FL 33756		۱۱ بر پ	'3 '	j j			
	hama Coba mai stanlar anna	City/State and Zip Code		H 3:	1 3			
	bryan@bryanjstanley.com E-mail address: (	to be used for future annual report no	tification)	ENTE				
For further information c	oncerning this matter, please c	•		:11				
Bryan J. Stanley		727 461-1702						
Name o	of Person	at () Area Code Daytir	ne Telephone Numbe	er				
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status				
Mailing Addres		Street Address: Registration Se	ection					
Registration S Division of C		Registration Section Division of Corporations						
P.O. Box 632	27	The Centre of	Tallahassee	010				
Tallahassee,	FL 32314	2415 N. Monre	oe Street. Suite	δIU				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MT HOUSE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our red Liability Company)	<u>cords.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.21000460814	were filed on 10/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		<del>```</del>
(Principal office address MUST BE A STREET ADDRESS)		77. P. 27. P. 17. P. 17
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EB 16 PH 3: 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida street ad	dress
		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 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
D/VP	Penny Danielson	11650 131st Street N	
		Largo, FL 33774	=Remove
D/VP	Bruce Danielson	11650 131st Street N	□Add
		Largo, FL 33774	■Remove
			□ Change
			SECRETAIN THE
			Remove  Remove  Remove  Change
		<del></del>	
			□Remove
			Change
			□Add
			Remove
			Change
			\Add
			□Remove
			□Change

		_			<del> </del>	<u>-</u>					
		_			_ <del>.</del>						
<del> </del>						<u> </u>		. <u>-</u>		<del> · ·</del>	<del></del>
	<del></del>					<del></del> -					
							<del>,,</del>	<u> </u>		_	
				<u>,                                      </u>							_
								_		2022 F	
					_					<u> </u>	
					-				25.5	: თ	1
									SEE S	뫔	777
					•			,	TATE OF THE PARTY	<u></u>	
								<u></u>		<u>~</u> _	
								_			
					_			<u>.</u> .			
ective date,	if other than	the date of	filing:					(or	otional)		×04.020
n effective date <u>te:</u> If the dat	is listed, the date e inserted in th	: must be speci is block does	ific and ca s not me	annot be pr et the app	ior to date o licable sta	t filing or utory fili	more than ng requi	90 days a rements, 1	ner ming.) i this date w	ill not be	isted as
cument's effe	ctive date on t	ne Departme	nt of Sta	te's recor	ds.						
							_		4 > 42		
ecord specific is filed.	s a delayed eff	ective date, b	ut not a	n effective	e time, at 1	2:01 a.m	. on the c	earlier of:	(b) The	90th day	atter the
	- 1					$\sim$					
ted	Ebrua	ry 11	,	202	<u>2</u> .,	1 [ ]	•				
		V			V	·/ ,	1				
		Signatur	e of a me	mber or au	thorized re	resentativ	re of a me	mber			_
				rec	•	¥/-					

Filing Fee: \$25.00