

L21 000 494691

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOUNTAIN VIEW FARM HOME, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALISON BELFORTI

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

17 ARBOR CLUB DRIVE, UNIT 316

\_\_\_\_\_  
Address

ST. AUGUSTINE, FL 32082

\_\_\_\_\_  
City/State and Zip Code

abelforti@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALISON BELFORTI

904

314-1555

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 NOV -7 PM 4:42

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MOUNTAIN VIEW FARM HOME, LLC

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

The Articles of Organization for this Limited Liability Company were filed on November 17, 2021 and assigned Florida document number L21000494691.

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 Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

17 ARBOR CLUB DRIVE, UNIT 316

**(Principal office address MUST BE A STREET ADDRESS)**

ST. AUGUSTINE, FL 32082

**Enter new mailing address, if applicable:**

17 ARBOR CLUB DRIVE, UNIT 316

**(Mailing address MAY BE A POST OFFICE BOX)**

ST. AUGUSTINE, FL 32082

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ALISON BELFORTI

New Registered Office Address:

17 ARBOR CLUB DRIVE, UNIT 316

*Enter Florida street address*

ST. AUGUSTINE

Florida 32082

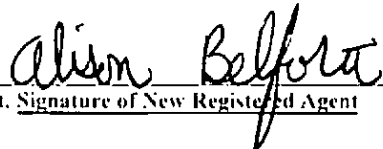
*City*

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALISON BELFORTI	17 ARBOR CLUB DRIVE, UNIT 316	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32082	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL BELFORTI	15 ARBOR CLUB DRIVE, UNIT 104	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32082	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JANIS BELFORTI	15 ARBOR CLUB DRIVE, UNIT 104	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FL  
2007 NOV 7 PM 4:41

2022 NOV - 7 PM 4:41  
SECRETARY OF STATE  
TALLAH, SEELEY

SECRETARY OF STATE  
TALLAHASSEE, FL

(If 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 605.0207 (3)(b)

If the 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 record is filed.

Dated October 22, 2022

Alien Belfort  
Signature of a member or authorized rep

Signature of a member or authorized representative of a member

Alison Belforti

Typed or printed name of signee

**Filing Fee: \$25.00**