

5/3/23, 11:23 AM

Division of Corporations

L230001656653

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : 120190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

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

Email Address: _____

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DIVISION OF CORPORATIONS
FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOUNTAIN 4, LLC**

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2023 MAY -3 PM 1:52

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MAY 04 2023

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COVER LETTER

**TO: Registration Section
Division of Corporations**

MOUNTAIN 4, LLC

SUBJECT: _____
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:

HERBERT SALZMANN

Name of Person

MOUNTAIN 4, LLC

Firm/Company

3651 EVANS AVE UNIT 101-103

Address

FORT MYERS, FL 33901

City/State and Zip Code

herbertsalzmann@hotmail.com

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

For further information concerning this matter, please call:

HERBERT SALZMANN

_____ at (239) 410-0294
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MOUNTAIN 4, 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 01/19-2023 and assigned
Florida document number L23000022463

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address
_____, Florida
City Zip Code

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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

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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>
MGR	HAROLD WEISSENBOECK	9901 SUNSET COVE LANE	<input checked="" type="checkbox"/> Add
		UNIT 226	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input type="checkbox"/> Change
MGR	ELISABETH WEISSENBOECK	9901 SUNSET COVE LANE	<input checked="" type="checkbox"/> Add
		UNIT 226	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(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 602.0207 (J)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY 1 2023

Handwritten signature of Herbert Salzmann
Signature of a director or authorized representative of a member
HERBERT SALZMANN
Typed or printed name of signor

Filing Fee: \$25.00

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