07000 100515

•						
(Re	equestor's Na	me)				
(Ac	dress)					
(Ac	dress)					
	•					
(Ci	ty/State/Zip/P	hone #)				
`	, ,	,				
PICK-UP	☐ WAIT		MAIL			
	•					
(Bi	siness Entity	Name)				
(Do	ocument Num	ber)				
(2.		,				
Cartified Conins	Certific	eates of Sta	tue			
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
			ŀ			
			ŀ			
-A M	y7 (07	1.			
104	/ L \	<u> </u>	l .			

Office Use Only



400117019234

02/08/08--01031--001 **25.00

W Thomas FEB 19 2000

COVER LETTER

TO: Registration Division of	Section Corporations					
SUBJECT: HUN	ter Technologies	of Limited Liability Con	mpany)			
Dear Sir or Madam:	s of Correction and fee(s) a	re submitted for filing				
	espondence concerning this	_	g:			
Sidney Hunter Ten 13727 Sur Miami, FL 3	(Name of Rerson) Chadlogies (Firm/Company) (S2 St Suite (Address) (City/State and Zip Code) on concerning this matter, p	C 2:350	-	08 FEB 18 AM 8: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Karen Soli	herser ame of Person)	at (<u>305</u> (Area Code &	2 Daytime Telephone Number)			
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

CR2E062 (08/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2008

SIDNEY GOLDBERGER 13727 SW 152 ST STE 350 MIAMI, FL 33177

SUBJECT: HUNTER TECHNOLOIGES, LLC

Ref. Number: L07000100515

We have received your document for HUNTER TECHNOLOIGES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 108A00008773

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION 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 Florida document number This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the ab "L.L.C." 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) (City)

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 608, F.S. Or. if this document is being filed to merely reflect a change in the registered office address thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Address **Type of Action** Name ☐ Add Remove Add 🗌 Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorize Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00