LI 600093309

(Requestor's Name)
(Address)
, and an
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
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COVER LETTER

TO: Registration So Division of Cor			
	PROPERTIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melody E. Cobbe, Esq.		
	-	Name of Person	
	Cobbe Law		
		Firm/Company	
	980 North Federal High	way	
		Address	
	Boca Raton, FL 33432		S 2
		City/State and Zip Code	125 K
	mcobbe@cobbelaw.com	to be used for future annual report notification)	AY.
For further information c	concerning this matter, please c	·	2025 MAY -7 PM 3: 29 SECRETARY OF STATI TALLAHASSEE, FL
Melody E. Cobbe	,	561 9229661	PH 3
	f Person	at () Area Code Daytime Telephone Number	:: 29
		,	1 * 1
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Address Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUNKAR PROPERTIES LLC		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000093309		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	amited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the nar</u>	SECRETARY OF STATE OF THE STATE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Florida	
	City	Zin 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
MGR	Troy A. Brown	13243 SW 39 STREET	□Add
		Davie, FL 33330	□Remove
			■ Change
MGR	Hunter Brown	13243 SW 39 STREET	
		Davie, FL 33330	□Remove
MGR	Karly Brown Davila	13243 SW 39 STREET	□Add
		Davie, FL 33330	2025 FAY - 7gg PH SECRETATION U TAILAHASS
	·		Y - 7ge PH 3: 29 TAFIN OF SHATE □ Remove
			☐ Change
			□Remove
			□Change
			☐Add
			□Remove
			Change

D. If amendi	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	SED 2025	
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	FATE 29	
Note: If the	date, if other than the date of filing:	7 (3)(b) the
If the record sp record is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated	04 / 02 / 2025	
	04/02/2025 Troy Brown	
	Signature of a member or authorized representative of a member	
	Troy A. Brown, MGR Typed or printed name of signee	

E:N 53 0050