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SCHOOL TOBER

CHARLES FLORES

COVER LETTER

TO: Registration S Division of Co			
Hutton Sa	int Petersburg FL MT, LLC		
dominer.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub-	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gabriela Cader		
	Hutton	Name of Person	
	736 Cherry St.	Firm/Company	
	Chattanooga, TN 37402	Address	
	legalnotices@hutton.buiild	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Gabriela Cader		at () 805-4512 Area Code Daytime	
Name (of Person	Area Code Daytime	Telephone Number
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)	☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hutton Saint Petersburg FL MT, 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 August 20, 2019 ___ and assigned Florida document number L19000212883 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hutton St Petersburg FL MT, LLC 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: (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

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other that effective date is listed, the date: If the date inserted in tument's effective date on	us block does no	ot meet the applic	able statutory film	(opt nore than 90 days afte ng requirements, th	ional) or filing.) Pursuant to 605 is date will not be liste	.020 ed 2
record specifies a del he 90th day after the			t an effective	time, at 12:01	a.m. on the earlie	er (
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ed August 27	<u></u>	,	orized representative			

Page 3 of 3

Filing Fee: \$25.00