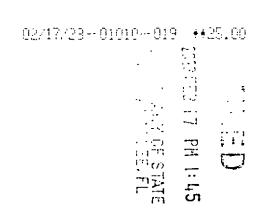
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(Requestor's Name)		
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)		
(Address)		
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only





R. HUNT

COVER LETTER

TO: Registration S Division of Co			
	ERS INVESTMENTS LLC		
SUBJECT.		uited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	FRANCISCA N FIGUEIR	A	
		Name of Person	
	4 HUNTERS INVESTME	NTS LLC	B 17 PH 1:45
		Firm/Company	
	2704 MUSCATELLO ST		FL FL FL
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	tication)
For further information	concerning this matter, please c	all:	
FRANCISCA N FIGUI	EIRA	407 818-7650	
Name	of Person	at () Area Code Daytim	e 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 Addro Registration		<u>Street Address:</u> Registration Se	ction
	Corporations	Division of Cor	
P.O. Box 63	•	The Centre of 1	•
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 HUNTERS INVESTMENTS LLC

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)						
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	and assigned					
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited	d liability company here:						
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	ibbreviatjon "L.L.C."					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRES	(22	7 :					
Enter new mailing address, if applicable:	<u>. ا</u> ا	5 5n					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>					
Name of New Registered Agent:							
New Registered Office Address:							
New Registered Office Address.	Enter Florida street address						
	, Florida						
	City	Zip Code					
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>						
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered accompany has been notified in writing of this change.	plete performance of my duties, and I am nt as provided for in Chapter 605, F.S. Or	familiar with and , if this document is					
ī	f Changing Registered Agent, Signature of New Ri	egistered 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>	Address	Type of Action
MGR	NINOSHKA QUINTERO	131 HINTON FARM WAY	
		-	□Add
		DACULA, GA 30019	
			= Remove
			□ Change
MGR	NINOSKA QUINTERO	131 HINTON FARM WAY	
		DACULA, GA 30019	-
			□Remove
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ective date, if other than the date of filing:		(optional)		
effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable state.				
ument's effective date on the Department of State's records.				
cord specifies a delayed effective date, but not an effective time, at s filed.	12:01 a.m. on the earlier	of: (b) The	90th day afte	rth
FEBRUARY 10 2023				
ed				
red				