L050000 16384

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Huckleberry Partners, LLC		
Name of Limited Liabilit	y Company	
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
H. James Herborn, III		
Name of Person		
Huckleberry Partners, LLC		
Firm/Company		
P.O. Box 781848		
Address		
Orlando, Florida 32878		
City/State and Zip Code		
Jimh1263@comcast.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
H. James Herborn, III 407	765-8131	
Name of Person Area Code	Daytime Telephone Number	
* · · · · · · · · · · · · · ·	IAILING ADDRESS: egistration Section	
Division of Corporations D	ivision of Corporations	
	O. Box 6327 allahassee, Florida 32314	
Tallahassee, Florida 32301	munissee, Florida 525 F.	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee &	S60 Filing Fee.	
Certificate of Status Certified Copy	Certificate of Status & Certified Copy	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: Huckleberry Partners, LLC The Florida Document number of the limited liability company is: $\underline{L05000016384}$ SECOND: THIRD: Document to be corrected is: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected $\overline{\mathbf{x}}$ statement are as follows: Adam Kanter IS NOT authorized to act as Registered Agent or Manager by Consent of the majority of members H. James Herborn, III is the duly authorized Registered Agent and Manager of Huckleberry Partners, LLC by the majority of the members. ORWas defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: င္မ ORThe electronic transmission of the record was defective. 11/07/19 Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CDAPOCA (ODE)