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





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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	HUNTER Di	LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subi	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DIAW	Name of Person	
		Firm/Company	
	_8904 Su	16446 LV Address	
	GAINESVI	1/e FC 32608 City/State and Zip Code	
		53 Ognail COM to be used for future annual report notif	
For further information	concerning this matter, please ca	all:	
DIANN'S Name	HUNTER of Person	at $(\frac{727}{\text{Area Code}})$ $\frac{4/5}{\text{Daytime}}$	1634 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 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

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	
(A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>Aux. 2, 7005</u>	and assigned
Florida document number <u>L0500075832</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company, the designation "LLC" or the ab	breviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	8904 SW 64+L	LANC
	GAINESVILLE, FL	32608_
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Same As Abo	iv <u> </u>
B. If amending the registered agent and/or registered offi	ice address on our records, enter	the name of the nev
registered agent and/or the new registered office address here:		-
		FIL.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u>ج</u> (د:
	, Florida	
	City	Zip 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 Changing Registered Agent, Signature of New Registered 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 Address **Type of Action** Title Name _ 🗆 Add ■ Remove _ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove _____ Change ___ _ _ _ _ _ _ _ Add _□ Change ☐ Add □ Remove ☐ Change

□ Add

☐ Remove

☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	1 homay 26. 2019.
	Signature of a member or authorized representative of a member
	DIANNE HUNTER Typed or printed name of signee

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Filing Fee: \$25.00