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D SCOTT JUN 1 8 2019



MEMORANDUM

Date:

June 9, 2019

Re:

LLC Amendments: Fuca, LLC

Hello Department Staff

Attached please find the revised Amendment forms for FUCA, LLC.

Thank you for your consideration in this matter.

Scott/Banta

RECEIVED

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	FUCA,	LLC		
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
ricase re	eurn an correspe	SCOTT BANTA	to the following.	
		FUCA, LLC	Name of Person	
		97 HICKORY TREE ROA	Firm/Company	ZH JIN 17
		LONGWOOD, FL 32750-	Address 7205	
		SCOTT@SEMCOPROPER		A 6: 00
For furth	ner information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	(cation)
SCOTT	BANTA Name o	f Person	at () 947-9722 Area Code Davtime	e Telephone Number
	.vanc o	, i cison	Auca code Bayana	- Telephone (California
Enclosed	l is a check for th	ne 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

FUCA, 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 JULY 28, 2008 and assigned Florida document number L08000072226 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DARK HYDRA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 97 HICKORY TREE RD Enter new principal offices address, if applicable: LONGWOOD, FL 32750-7205 (Principal office address MUST BE A STREET ADDRESS) σ 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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>	<u>Address</u>	Type of Actio
MCD	DAVID LEISER	97 HICKORY TREE RD	
MGR			
		LONGWOOD, FL 32752-7205	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutor occument's effective date on the Department of State's records.	(optional) ag or more than 90 days after filing by filing requirements, this date	.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m.	on the earlier o
tted JUNE 9		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00