

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000090803 3)))



H090000908033ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Ascount Number : I20070000160 Fhone : (800)494-3124

Fax Number : (561)455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HUNTCO SERVICES LLC

RECEIVED
9 APR 16 AM II: 09
SECREMENT OF STATE
ALLAHASSEE, FLORIDA

Estimated Charge	\$25.00
Page Count	02
Certified Copy	0
Certificate of Status	

Electronic Filing Menu

Corporate Filing Menu

Help

ထု



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUNTCO SERVICES LLC	•	
(Name of the Limited Li (A Fig.	bility Company as it now appears on our record mids Limited Liability Company)	(a _a)
The Articles of Organization for this Limited Liabi	lity Company were filed on 01/20/2009	and assigned .
Florida document number L09000006038		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "LL.C."	ns words "Limited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicabl	G:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE 80	X0	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, g	nier the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enver Florida stre	eet address)
	. Flori	·
-	(Ctty)	(Zip Code)
Man Thanks it was the second of the second		

New Registered Agent's Signature, if thanging 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 608, 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)

Page 1 of 2

09000090803.3

MGR = Mai MGRM ≈ N	nager Ianaging Member	1	0090803.3
<u> Title</u>	Name	Address	Type of Action
MGRM	WHITE, LINDA S	3514 SOMERSET CIRCLE KISSIMMEE FL 34746	Add Remove
			Add Remove
			Add Remove
			Add Remove
,			
<u> </u>			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if nece	ssary.)
			09 APR 16 SECRETARY TALLAHASSE
Dated <u>April 1</u>	16	2009	
	Signature of a	a member of authorized representative of a member	8: 36 STATE

4 09000090803.3