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(Re	equestor's Name)				
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SECRETARY OF STATE
TALLAHASSES FLORIO

T. CLINE FEB - 8 2011

EXAMINER

COVER LETTER

	egistration S ivision of Co				<i>à</i> ,
SUBJECT	':	Rustic Hunter, Name of Lim	LLC ited Liability Company		
The enclose	ed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please retur	m all corresp	condence concerning this matter	r to the following:		
		Chad	Collice Name of Person		
			Name of Person		
¥			Strc Hunter, LLC	. 	
			Firm/Company		
		1621 7	th Aue W		
			Address		
		Broden:	fon FL 34205. City/State and Zip Code		
		,	City/State and Zip Code		
		Buck NBC	to be used for future annual report notification	nail.com Ass B	
For further	information	concerning this matter, please of	City/State and Zip Code Car-Bustic Hunter & Cry to be used for future annual report notification) call:		The same
_	Chad	Coller	at (941) 224 1765		i Ti
	Name	of Person	Area Code & Daytime Telepho	one Number PG 99	
Enclosed is	a check for	the following amount:		7, 0	
⊠\$ 25.00 I	Filing Fee	\$30.00 Filing Fee & Certificate of Status	city/state and Zip Code City/State and Zip Code Covered to be used for future annual report notification) call: at (94/) 224 /765 Area Code & Daytime Telepho Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	l)

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

	Or			
(Name of the Limited Liability C	ompany as it now appears on our nited Liability Company)	records.)		
(· · · · · · · · · · · · · · · · · · ·	7 //		
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned		
Florida document number LIIDOO 11740	<u>L</u>			
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 end with the words 'L.L.C."	"Limited Liability Company," the d	esignation "LLC" or the abbreviation		
		≥s 20		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	किल ल		
		375		
		TT		
	•			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
3. If amending the registered agent and/or register	ed office address on our reco	rds, enter the name of the new		
registered agent and/or the new registered office addres	s here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floria	la street address		
		. 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 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

If amenting the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Type of Action** Name 1 **Address** Chad Collier MGRM Add Remove \square \wedge dd Remove ☐ Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary $\widehat{\mathcal{J}}_{ij}$ Signature of a megiber or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00