U1000088838

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





000413014170

08/04/28--01018--028 **25.00

2023 AUG -4 AMII: 2

COVER LETTER

Division of Co	orporations		
HUTLOT SUBJECT:	LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing	
		<u>-</u>	
Please return att corresp	oondence concerning this matter	to the following.	
	VITALIY PERSHIN		
		Name of Person	
		Firm/Company	
	600 NW 11TH AVE #30		
	-	Address	
	CHIEFLAND FL 32626		
	- 	City/State and Zip Code	
	PERSHINFL@GMAIL.CO	M to be used for future annual report no	tification)
For further information	concerning this matter, please of		Ameadony
VITALIY PERSHIN		954 614-0878	
Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addra Registration		Street Address: Registration S	ection

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUTLOT LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
orida document number <u>L11000088838</u> .		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ROPERTYGATORS LLC		2023
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation 'L.L.C."
ter new principal offices address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDRESS)		Da 1
		- :::
		27
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office	address on our records, <u>enter the</u>	name of the new register
ent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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 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>	Address	Type of Action
СМО	PERSHIN, VITALIY	600 NW 11TH AVE	■Add
		#30	[]Remove
		CHIEFLAND, FL 32626	☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			ClChanue

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	1610 Pack	^ /-	

Typed or printed name of signee