## L11000112042

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## COVER LETTER

TO:	Registration Se Division of Cor			
er in t	HUNTECH			,
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		ALEJANDRO PICHARDO	)	
			Name of Person	
		ACCOUNTING CENTER	OF ORLANDO LLC	
			Firm/Company	
		1706 E SEMORAN BLVI	STE 103	
			Address	
		APOPKA FL 32703		
			City/State and Zip Code	
		APICHARDO@ACCOUN	FINGORL.COM to be used for future annual report notif	ieston
For fu	orther information c	oncerning this matter, please co	·	realion,
ALEJANDRO PICHARDO		407 574-7340		
	Name o	Person	Area Code Daytime	Telephone Number
Enclo:	sed is a check for th	ne following amount:		
<b>■</b> \$2	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

HUNTECH LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 09/29/2011	and assigned
Florida document number L11000112042		
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 abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2
	HA	<u> </u>
Vatar non-mailing address if applicables	SSS	2 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>/ ≠ ∪</u> _
		1: 
	<b>&gt;</b> .	<b>J</b>
B. If amending the registered agent and/or registered offi		name of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:	<del></del>	<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		p 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUDIT SZENTE	634 HERMITS TRL	<b>≅</b> Add
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tive date, if other than the date of filing:	) g.) Pursuar	11 to 60	

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Filing Fee: \$25.00