## 43732

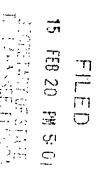
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400268697314

02/20/15--01038--012 \*\*25.00



MAR 03 2015

S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HUCK PROPERTIES LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Firm/Company	
107 SUDDUTHCT Address	
Firm/Company    107   SUDDUTH CT     Address     Fort walton Best   Feat 325 + 8     City/State and Zip Code     Best   Best   Bown   Best   Bown   Best     E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:	ਹੈ <b>ਂ ਹੈ</b>
BERTRAM CAP @ AOL. (om BONNIB @AOL)  E-mail address: (to be used for future annual ferort notification)	ICOM TO
For further information concerning this matter, please call:	
For further information concerning this matter, please call:    Neg LL FinkeL   at (860)   259-0985     Name of Person   Area Code   Daytime Telephone Number	\$ 9 0
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

HUCK Proper	+1ES. / (C	
(Name of the Limited Liab (A Flori	+ 1/= S / C C  illity Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on $12$	
Florida document number <u>/ 11 000 / 43 73</u>	<u>52</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the words "l	Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ADDRESS)	
		मा जा
		20 LE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
<u></u> -		, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Type of Action** Name Address MER BriAN HUCKEBA 107 SUDDU+HCT FWB. FLA DAdd Neill FINKEL 107 SUDDUHACT FORTWALLOW BCH FLA 32548 - Remove Tres. BONNI FINKEL MAR KATEYN FINKEL 107 SUDDUTH CT **IX** Add FORT WAYON BCH FLA 3254F | Remove ☐ Add ☐ Remove □ Add ☐ Remove

_	
_	
_	<del></del>
– Effecti	ve date, if other than the date of filing(optional)
The effe	tive date must be specific, cannot be prior to date of receipt or nicu annot be more than 90 days after this document is filed by the Florida Department of State)
Dated_	02/18/15 , 2015.
	July Fife
	Signature of a member or authorized representative of a member
	NEIL FINKEL Typed or printed name of signee
	Tamed or printed name of piones

Page 3 of 3

왕 5:0

Filing Fee: \$25.00