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SCLEETARY OF STATE
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D. BRUCE

## COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	CT:	Hunt N Woo	d LLC	
		Name of Limit	ed Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Shav	VN DXENDINE Name of Person	
		Hun	Firm/Company	·
		201	W. 11th St.	
		Carra	ubelle Pl 3232	22 <u>26 <b>2</b></u>
			City/State and Zip Code	MAY
		E-mail address: (t	o be used for future annual report notification	) - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -
For furt	her information of	concerning this matter, please ca	all:	PHI2:
	Shaw	n Qendine	at (850 591-105	<u> </u>
	Name (	of Person	Area Code & Daytime Tele	phone Number
Enclose	is a check for t	he following amount:		
\$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)
		ING ADDRESS:	STREET/COURIER A	DDRESS:
	Division P.O. B	ration Section on of Corporations Sox 6327 assee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	N Wad	LLC	ur records \
(A F	lorida Limited Liability	Company)	ui records.
The Articles of Organization for this Limited Liab Florida document number 42002	oility Company were	filed on	0/2012 and assigned
This amendment is submitted to amend the follow	ina:		
			uln.
A. If amending name, enter the new name of t	the following:  name of the limited liability company here:  I end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  f applicable:  STREET ADDRESS)  ble:  FFICE BOX)  at and/or registered office address on our records, enter the name of the new tered office address here:  N//		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	bility Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole: NIA		<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)		2018 ACC
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	• •		AY - 8
B. If amending the registered agent and/or registered agent and/or the new registered offi		_	<u>&gt;</u> 5
Name of New Registered Agent:			
New Registered Office Address:		Enter Flo	orida street address
			. Florida
	City	,	

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 amending 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 Type of Action Title **Address** <u>Name</u> 16RM Ronald A. McLean 48 Jack Crum Rd. Add Crawfordville, FC 32327 Remove Remove Remove Add Remove Remove

lf ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
- ed	main latin 2013, a (a)
.u	& Bules Old
	Signature of a member or authorized representative of a member
	Typed of printed name of signee

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Filing Fee: \$25.00

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