h12000037936

(Requestor's Name)	
(Address)	500358988035 \
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	52.701/2101622669 ** 39.05
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	AFR 1 , ,
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Office Use Only



March 18, 2021

ROBERT J MARTIN 1704 WINDJAMMER LANE ST. AUGUSTINE, FL 32084

SUBJECT: HUNTRESS LLC Ref. Number: L12000037936

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ARTICLES OF AMENDMENT ATTACHED AND RESUBMIT. YOU HAVE USED THE INCORRECT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

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www.sunbiz.org

D O DOM 4007 M U I DI 11 0001

Letter Number: 221A00005705

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Name of Lim	10425 J.C. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Robert J.	Name of Person	
	Huntres	Name of Person 3 LLC Firm/Company	
	_1704 Windj	MMPR LAWE Address	
	St. Angustine CAST JASON E-mail address:	City/State and Zip Code @ &MAIL COM to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		
Robt, Jaco	The Person	at (974) 806-0 Area Code Daytim	CL9O e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u>	s <u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Hunta	1655 LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now ar da Limited Liability Compa	opears on our records.) iny)	
e Articles of Organization for this Limited Liability orida document number <u>L120000 3793</u>	- ·	3/19/2012	and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the lin	nited liability compan	y here:	
new name must be distinguishable and contain the words "Lin	mited Liability Company,"	the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADD	RESS)		<u> </u>
	·		
Enter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE BOX)			<u> </u>
	**		<u>~~</u>
Idiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registerent and/or the new registered office address here:		ur records, <u>enter the</u>	name of the new re
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter	Florida street address	
	Enter City	Florida street address , Florid	a

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 Type of Action Address Title Name AMBR Blue WATER VENTURES IN H. INC. W. Keith Webb DAdd 3236 Hry 17 N, _____ Remove Green Cow Springs, Fl 37043 Dechange bbA□ _____ _____ □ Change AMBR Stuphen R. Thomas 5413-2nd Street DAN, Fl. 31080 Remove Change _____ □Add ______ □Change _____ □Change

_____ □Change

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(If an effecti Note: If	e date, if other than the date of filing:
he record s ord is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
Dated	March 25 . 2021
	Signature of a member or authorized representative of a member
	/ 1 -