## 113 000 11P 522

(Req	juestor's Name)	
(Add	ress)	
(Add	lress)	
10"	IOLLE CIT ID	- 40
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



700293569237

12/27/16--01036--004 \*\*25.00



## COVER LETTER

то:						,
CHDI	FCT.		LLC	;	;	
อบถม	ECT:	Name of Lim	ited Liability Company			
				*		
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			KNOX GOLDING			
SUBJEC  The enclo Please ret  For furthe  Enclosed			Name of Person			
		HU				
			Firm/Company		Daytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose)	
		715 SW	9 STREET			
			Name of Limited Liability Company  fee(s) are submitted for filing.  Ing this matter to the following:  KNOX GOLDING  Name of Person  HUGHTON LLC  Firm/Company  715 SW 9 STREET  Address  HALLANDALE BEACH, FL 33009  City/State and Zip Code  mail address: (to be used for future annual report notification)  atter, please call:  954 448 8429  Area Code  Daytime Telephone Number  ant:  Ing Fee. & S55.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section			
		HALLAN				
	BUBJECT:    HUGHTON LLC   Name of Limited Liability Company					
For further information concerning this m  KNOX GOLDING  Name of Person  Enclosed is a check for the following amount of the second of the sec	E-mail address: (	to be used for future annua	al report notification	)		
For fu	rther information c	oncerning this matter, please c	all:			
	KNOX (	GOLDING				
	Name o	f Person	Area Code	Daytime Telep	hone Number	<del></del>
Enclos	sed is a check for t	he following amount:				
<b>■</b> \$2	25.00 Filing Fee		Certified Copy		Certificate Certified C	of Status & opy
		:				
	Registr	ation Section	Registr	ation Section		

Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi		TTON LLC  ompany as it now appears on our records.)  ited Liability Company)	
The Articles of Organization for this Limited L Florida document numberL 12000116277	.iabi!ity Compa ·	pany v/ere filed on and a and a	ssigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited L	liability company here:	
N/ A			
The new name must be distinguishable and contain the	words "Limited Li	Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A	
B. If amending the registered agent and registered agent and/or the new registered o		d office address on our records, enter the pain here:	of the new
Name of New Registered Agent:	N/A	HASS	23
New Registered Office Address:	N/A	Enter Florida street address	
		, Florida	· 5

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NANCY HARRINGTON	715 SW 9 STREET	<b></b>
		HALLANDALE BCH, 33009	☐ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
		<del></del>	☐ Remove
			☐ Change
			Add
	•		☐ Change
			Add
			Remove
			Change
<del></del>		<del></del> .	Add
		Remove	
			Change
			□ Remove
			☐ Change

N/A		
,	ı	
A	and the second s	
	SE	
	<u> </u>	s
	AN 2	ल्डा <u>क्</u> र
	<u> </u>	-
	I I I I	•
·	<i>A</i>	
. •		
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	7 (2)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier o	of:
Dated December 17th, 28/6		
	/ <sub>*</sub>	
Signature of a member of authorized represen	pative of a member	
KNOX GOLDING		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00