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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Co						
	erties, LLC					
30B0EC1.	Name of Lim	nited 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:				
	Evan Taylor					
		Name of Person				
	Basi, Basi & Associates					
		Firm/Company				
	4501 W. DeYoung Ste. 20	00		SE	#	
		Address		上的		
	Marion, IL 62959			ASS	JUL 25	
		City/State and Zip Code				İ
	evan@taxplanning.com				<u>₩</u> 8:	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall;	cation)		¥ 28	
Evan Taylor		618 997-3436				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed 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)	Certified	e of Status		
34.411	INC ADDDESS.	CTD FFT/COVID-	CD ADDRESS			

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

Hune Properties, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 26, 2012 and assigned Florida document number _L12000136859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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 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
AMBR	Rachael K. Hune	3771 Planters Creek Circle West	⊒ Add
		Jacksonville, FL 32224	□ Remove
			Change
			Add
			Remove
			Change
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	***************************************	# THE PROTECTION WAS ASSESSED.	Add T
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Effective date, if other than the date of filing:	5.0207 (3 ted as th
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl b) The 90th day after the record is filed.	er of:
Dated July 19, 2016.	

Page 3 of 3

Filing Fee: \$25.00