# L12 000140037

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



04/06/22--61022--004 \*\*52,50

22 JUN 21 PM 3: 20

T. MATTHEWS

JUL - 6 2022



April 21, 2022

GERALD A. HUNT 721 LAKESHORE BLVD ST. CLOUD, FL 34769

SUBJECT: GA HUNT HOME IMPROVEMENTS, LLC

Ref. Number: L12000140037

We have received your document for GA HUNT HOME IMPROVEMENTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Letter Number: 422A00009344

Tekayla T Matthews OPS

www.sunbiz.org

#### **COVER LETTER**

TO:

TO: Registration Se Division of Cor		·	RECEIVED	
GA HUNT	HOME IMPROVEMENTS, L	.·' .LC		
SUBJECT:	Name of Limited Liability Company			
	tvalic of Emi	inca Elability Company	ecc 11s	
			SEC TALLY BY USE OFFI	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GERALD HUNT			
		Name of Person		
	G.A. Hunt H.	Firm/Company	ns UC	
	721 LAKESHORE BLVD			
	<del></del>	Address	<del></del>	
		City/State and Zip Code		
	JERRYJHUNT@YAHOO.			
	E-mail address: (	to be used for future annual report	notification)	
For further information c	oncerning this matter, please c	all:		
GERALD HUNT		407 709-7158 at ( )	:	
Name o	f Person		time Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address	=	
Registration Section		~	Registration Section	
Division of C P.O. Box 632	-	Division of C	Corporations of Tallahassee	
Tallahassee,			roe Street, Suite 810	
i dilidildooce,			Cuite Cit	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

### ARTICLES OF ORGANIZATION OF

N FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

#### GA HUNT HOME IMPROVEMENTS, LLC

22 JUH 21 PH 3: 20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

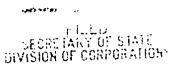
The Articles of Organization for this Limited Liability Company	were filed on $\frac{11/05/20}{}$	and assigned
Florida document number L12000140037		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	721 LAKESHORE B	
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD, FL	34769
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	s, enter the name of the new registere
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member



<u>Title</u>	<u>Name</u>	Address 22 JUN 21 PM 3: 20	Type of Action
VP	DEVIN A HUNT	13 WEST CHESTER DR.	□Add
		KISSIMMEE, FL 34744	\ \exists Remove
		<del></del>	□Change
MGR	JANEL RINEHART		□Add
			≣Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
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	<del></del>		□Add
			□ Remove
			□Change

O. If amending any other information, enter change(s)	here: (Attach additional sheets; if necessary.)
	22 JUN 21 PM 3: 20
	<del></del>
	·
	· · · · · · · · · · · · · · · · · · ·
	(optional)  e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effect ecord is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE 13 2022 Signature of a member of	r authorized representative of a member
GERALD A. HUNT	
Typed or	printed name of signee