Uaddyso43

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



200290844052

11/07/16--01024--011 **25.00

16 NOV -7 PM 4: 2

NOV 0 8 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			•	
SUBJECT:	PRK DWEN HI Name of Lim	WTER COLLECT ited Liability Company	ABLES LL	د
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		ARK HUNTER Name of Person		
		Firm/Company		
	12230 HIGH	1 PINE ROAD S. Address		TALLAHASSE 16 NOV -7
		EFL 3225 City/State and Zip Code		ASSEELF V-7 PH
	E-mail address: (10HO BELLSOUTH, W to be used for future annual report notific	ET ation)	PH 4: 22
For further information c	oncerning this matter, please c	all:		
MARK H. Name o	WTER f Person	at (<u>904</u>) <u>994</u> Area Code Daytime	-4/15 Telephone Number	_
Enclosed is a check for the	ne 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 For Certificate of Societified Copy (additional copy is	Status &

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

MARK OWEN HUNTER	COLLEC	TABLES	LLC		
(Name of the Limited Li (A F	lorida Limited Liab	as it now appears on oility Company)	our records.)		
The Articles of Organization for this Limited Liabili	ity Company we 243	ere filed on/_/	1/26/2012	_ and assig	ned
This amendment is submitted to amend the followin	ıg:				
A. If amending name, enter the new name of the	limited liabilit	y company here:			
HUNTER CONT	TROLS	LLC			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the design	nation "LLC" or the abbre	viation "L.L.C	J."
Enter new principal offices address, if applicable	: _				<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)				FS.
	_				THE SECTION
				٠,	DAR- TAR-
Enter new mailing address, if applicable:	_		,		
(Mailing address MAY BE A POST OFFICE BOX	<u>k)</u> –	,			0.0
	-				
B. If amending the registered agent and/or r	registered office	a address on ou	r records anter th	a nama af	the new
registered agent and/or the new registered office		e audiess on ou	r records, enter tu	e name or	the new
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida s	treet address		
		· · · · · · · · · · · · · · · · · · ·	, Florida		
		City		Zip Code	

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:

<u>Title</u>	Name	Address	Type of Action
			Add
		1-10-1	Remove
			Change
			□ Add
			Remove
			Change
·			SECRETARIA ON CONTROL OF THE PROPERTY OF THE P
			PHange Phange
			Add Add Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove

_ Change

•	
	=======================================
	OV 3
	4: 22
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable state ument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier (
ed	
$VV \cap A = H \cdot \dots \cdot I \cap I$	
Signature of a member or authorized rep	resentative of a member

Page 3 of 3

Filing Fee: \$25.00