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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		ELL PROPERTIES, LLC			
SOBOL		Name of Lim	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	endence concerning this matter	to the following:		
		Sharon Hunnewell-Johnson	n		
			Name of Person	-	
			Firm/Company	-	
	204 E. M.L. King Jr. Blvd.				
			Address	-	
		Tampa FL 33603			
			City/State and Zip Code	-	
		shunnewell@galaxyfirewor			
		E-mail address: (to be used for future annual report notification)		
For furth	ner information e	oncerning this matter, please ca	all:	(023	
Sharon	Hunnewell-Johns	son	813 234-2264 at ()	2023 HAY 12	* 1450
	Name o	f Person	Area Code Daytime Telephone Numbe	2 4	To take
Enclosed	d is a check for th	ne following amount:			
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	iling Fee.	
	Mailing Addres Registration S		Street Address: Registration Section		

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUNNEWELL 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 09/30/2013	and assigned
Florida document number L13000140836		
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	ity Company" the designation "FLC" or the	abbreviation "L.L.C."
•	HUNNEWELL PROPERTIES, LLC	
Enter new principal offices address, if applicable:	21731 SR 54	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	Land O' Lakes, FL 34639	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as , being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further of performance of my duties, and I amprovided for in Chapter 605, F.S. C	n familiar with and r, if this document is
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in this capacity. I further of performance of my duties, and I amprovided for in Chapter 605, F.S. C	n familiar with and r, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			Remove
		·	□Change
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	st be specific and cannot be prior to	o date of filing or more than 90 c	lays after filing.) Pursuant to 605.0207 (
fective date, if other than the an effective date is listed, the date must	ock does not meet the applical	ole statutory filing requireme	ents, this date will not be listed as t
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