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2017 DEC -7 PHIZE 58

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COVER LETTER

TO:	Registration Se Division of Cor		-	
SUBJE		AIL DUNNELLON, LLC		
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter	<u>-</u>	
		ANDREW J HUPP		
			Name of Person	
		HUPP RETAIL DUNNEL	LON, LLC	
			Firm/Company	
		907 S FT HARRISON AV	E, SUITE 102	
		-	Address	
		CLEARWATER, FLORID	OA 33756	
	City/State and Zip Code SSUCEVIC@EPICDEVCO.COM			
		-	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
SUE SUCEVIC			727 210-1900	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2017 DEC -7 PAIZE 58

SECRETARY OF STATE
MALLAHASSEE, FLORIDA

HUPP RETAIL DUNELLON, 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 Cor	mpany were filed on October 7, 2013	and assigned
Florida document number L13000142564		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "L1.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	-	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)	 	- .
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	daZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and in the as provided for in Chapter 605, F.S.	l am familiar with and 5. Or, if this document is

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
Mgr	Andrew J. Hupp	907 S Ft. Harrison Ave #102	
		Clearwater, Florida 33756	■ Remove
			□ Change
Mgr	Hupp Holdings, LLC	907 S Ft. Harrison Ave #102	∃ Add
		Clearwater, Florida 33756	□ Remove
			☐ Change
			Remove
			Sange
			TILL CRETARS
			Remove Remove Charge
			Charge
			Remove
			Change
		-	Remove
			□ Change

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	1/1/2017			, IS	
ffective date, if other than the data an effective date is listed, the date must be	specific and cannot be prior	to date of fili	ng or more than 90 c	_ (optional) lays after filing.) I	Pursuant to 605.020
ote: If the date inserted in this block beament's effective date on the Depart	does not meet the applic	able statutoi	y filing requireme	ents, this date w	ill not be listed a
earnein's effective date on the (zepai	remement state specords.	•			
e record specifies a delayed ef The 90th day after the record		ot an effec	tive time, at 1	2:01 a.m. o	n the earlier o
November 29	2017		\bigcirc 1		
ated November 29	· -	<u> </u>			
			1/4		
					`
Sig	nature of a member or author	orized represe	mative of a membe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00