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2014 MAY 12 PH 12: 06
SECRETARY OF STATE
TAIL ANASSEE, FLORIDA

COVER LETTER

SUBJECT: Shawn Hundley Enterprises LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning this matter to the following.
Shawn X Hundley Name of Person
Shawn blundler Enterprises LLC
898 MISTY DAK
DRANGE PARK FL 32065 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shawn X Hundley at (901) 762-4045 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

FILED

ARTICLES OF ORGANIZATION

2014 MAY 12 PM 12: 06

	01	SECRETARY OF STATE
Shawn Hund	Hey Enterprises	TALL MASSEE, FLORIDA
(Name of the Limited	Liability Company as it now appears on o A Florida Limited Liability Company)	ur records.)
	2/	or luc
The Articles of Organization for this Limited Lial		and assigned
Florida document number <u>L/400005 D/</u>	06	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or		records, enter the name of the new
registered agent and/or the new registered offi	ice address here:	
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name Address Type of Action Shawn Hundley 9501 ARlington Expressiony add Food Caret 1 __ Remove JACKSONU'lle FL 32225 AMBR Shawn Hundley 9501 Arlington Expressiony XAdd JACKSONVILLE FL 32225 AMBR TARUORIS Scott 3253 Justina Rd Apiso add JACKSONVILLE FL 32277 KREMOVE ☐ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

· · · ,			
(The effective dat	e must be specific,	the date of filing: cannot be prior to date of receipt or filed date and c e Florida Department of State)	(optional) annot be more than 90 days after
Dated	MAY	9, 2014	
	(SL XI	2
		Signature of a member or authorized represe	ntative of a member
		Shawn X Hu	ndles

Page 3 of 3

Filing Fee: \$25.00

