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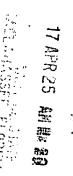
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## **COVER LETTER**

Divisi	ion of Corp	orations		
SUBJECT: _	Hunter Carol	line Holdings LLC		
JOBSECT		Name of Lim	ited Liability Company	·
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Cody Roth		
			Name of Person	
		Hunter Caroline Holdings	LLC	
			Firm/Company	
		845 SW 17th St		
		*	Address	
		Fort Lauderdale, FL 33315		
			City/State and Zip Code	
		support@hunterearoline.co		
		E-mail address: (	to be used for future annual report notifi	cation)
For further info	ormation co	ncerning this matter, please c	all:	
Cody Roth			954 591-9224 at ( )	
	Name of	Person	at ()  Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fili	ing 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:

TO:

**Registration Section** 

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

Hunter Caroline Holdings 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  $\frac{01/21/2015}{1}$ \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L15000012743 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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.

City

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Allison Czap	845 SW 17th St	
		Fort Lauderdale, FL 33315	Remove
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			□ Remove
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			☐ Change
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			SC Change
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Filing Fee: \$25.00