L15000022302

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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T. BROWN

| | * * | COVER LETTER | * * * |
|--------------------------------------|---|---|--|
| TO: Registration S Division of Go | ection | | |
| Huhem SUBJECT: | Guaranty Fund, LLC | • | • |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | omitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| • | Paula Barnett | | |
| | | Name of Person | |
| | Pino Nicholson, PLI | _C | |
| | | Firm/Company | |
| | PO Box 1511 | | |
| | - | Address | |
| • | Orlando, FL 32802 | | |
| | , <u>, , , , , , , , , , , , , , , , , , </u> | City/State and Zip Code | |
| | pbarnett@pinonichol | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please c | all: | |
| Paula Barnett | | 407 956-4245 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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 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

cords.)

Huhem Guaranty Fund, 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 Liab | oility Company were filed on February 5, 201 | and assigned |
|---|--|------------------------------|
| Florida document number L15000022302 | | |
| This amendment is submitted to amend the follow | ring: | |
| A. If amending name, enter the new name of the | he limited liability company here: | |
| Huhem Financial Management Company | y, LLC | |
| The new name must be distinguishable and end with the wo | rds "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | de: | |
| (Principal office address MUST BE A STREET) | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | |
| | 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** <u>Name</u> <u>Address</u> **Type of Action** _ Add ☐ Remove _____

Remove _ Add ____ □ Remove □ Add □ Remove _ 🗆 Add _____ □ Add ____ □ Remove

| . If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------------------|--|
| . — | |
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| | |
| Effective (The effect) | e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State) |
| Dated | Mark 10th 2015. |
| | Signature of a member or authorized representative of a member |
| | Deborah A. Huhem, President of Managing Member of Manager |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00