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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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2015 OCT 15 A II: 34
SCURETARY OF STATE
LLLAHASSEE, FLORIDA

OCT 16 2015

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## COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	J Daryl Hur	ıt, "L.L.C."		
SOBJEC	· • · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		J Daryl Hunt		
			Name of Person	
		J Daryl Hunt, "L.L.C."		
			Firm/Company	<del> </del>
		P O Box 1264		
			Address	· · · · · · · · · · · · · · · · · · ·
		San Antonio, FL. 33576		
			City/State and Zip Code	
		jess.d.huntlighting@gmail.c		
For furth	er information co	E-mail address: (i	to be used for future annual report notifi all:	cation)
Tamra L	, Hunt		at () 588-8294 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

J Daryl Hunt, "L.L.C."			
(Name of the Limited I	iability Company as it now appear lorida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on Jul	y 27th, 2015	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the do	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
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 office Name of New Registered Agent:		our records, ente	er the name of the new
New Registered Office Address:			
	Enter Flore	ida street address	
-	City	, Florida _	Zin Code
New Registered Agent's Signature, if changing Regi	·		гір соце
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	gent and agree to act in this c and complete performance of red agent as provided for in C istered office address, I hereb ange.	my duties, and I an hapter 605, F.S. Oy confirm that the	n familiar with and ir, if this document is limited liability
	If Changing Registered Ag	ين	:-< O
	Page 1 of 3		

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
MGR	Jess Daryl Hunt	P O Box 1264, San Antonio, FL. 33	Add
			□ Remove
			Change
MGR	Tamra Lynn Hunt		Add
		12847 Vanessa Lane, Apt 203, Dad	Remove
			Change
AMBR	Tamra Lynn Hunt	12847 Vanessa Lane, Apt 203, Dade Cito	Add
			Remove
			□ Change
			Add
			□ Remove
		<del> </del>	□ Change
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	Page 2	of 3	Property A II: 34

Page 3 of 3  Filing Fee: \$25.00  (optional)  (optional					
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