110000102350

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Liph Hone II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



100313385351

05/21/18--01016--004 **25.00

18 MAY 21 PM 2: 39

CRETARY OF STATE

N COOPER NAY 23 2018

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC*	HUBYX LL	C		
SOBJEC	·	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	idence concerning this matter	to the following:	
		Joshua De Jesus Ramos		
			Name of Person	
			Firm/Company	
		1633 E Vine St Ste 220		
			Address	
		Kissimmee, FL 34744		
			City/State and Zip Code	
		hubyxlle@gmail.com	to be used for future annual report notif	cation
For furthe	r information co	ncerning this matter, please ca	·	(Calanti)
Joshua De	e Jesus Ramos		407 6018426	
	Name of	Person		Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

HUBYX LLC		 			
(Name of the Limited I	<u> Liability Compa</u> Florida Limited I	ny as it now appears on our l liability Company)	records.)		
The Articles of Organization for this Limited Liabi Florida document number 1.16000102350	lity Company	were filed on $\frac{05/25/2016}{}$.,	and assi _į	gned
This amendment is submitted to amend the followi	ท _{ี่} ยะ				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and contain the word-	s "Limited Liabi	lity Company," the designation	1"LLC" or the abb	reviation "L.L	.C."
Enter new principal offices address, if applicable	e:	1633 E Vine St Ste 220			
Principal office address MUST BE A STREET A		Orlando, FL 34744			SEC
 					- 末代 - 8式3
Enter new mailing address, if applicable:		1633 E Vine St Ste 220		- P	. CORPO
der new maning address, it applicable: Sailing address MAY BE A POST OFFICE BOX)		Kissimmee, FL 34744		5	
	<u></u>			39	- O.Y.
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>e</u> :	ecords, <u>enter t</u>	he name o	f the n
Name Daniet and Office Address	1633 E Vine St	Ste 220		_	
New Registered Office Address:		Enter Florida street	address		
1	Kissimmee		, Florida <u></u>	1-1	
-		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 hoseby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records:</u>

MGR = Managér AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	A&J CORE SERVICES LLC	401 Bald Cypress Dr	= Add
		Apt 203	Remove
		KISSIMMEE, FL 34744	☐ Change
			Add
			□ Remove
			Change
			Add
			□ Change
			□ Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change
			
			□ Remove
			Change

		-						
· '			-		· · - ·			
			·					
								
								C
							18 18	0,410
				<u>-</u> .			18 MAY 2	Š
-	<u>-</u>						<u>~</u>	- C
								ORE
							Ÿ	RFORA
							2:39	SNOT
								(n
			·					
100 · 1 · 10 · 1 · 1		May 1	6, 2018					
Effective date, if other than the fan effective date is listed, the date in	e date of 11 ust be specific	uing:		e of filing or	more than 90 d	_ (optional) ays after filing.") Pursuant to 605.	.0201
Note: If the date inserted in this bedocument's effective date on the l	olock does n	ot meet the a	applicable	statutory fili	ng requireme	nts, this date	will not be liste	ed as
document's effective date on the	герагинеш	or state site	cords.					
ne record specifies a delaye	ad offectiv	e date hi	it not an	effective	time at 1	2:01 a.m.	on the earlic	3r A
The 90th day after the re			ic not an	CITCCLIVC	time, at 1	2.01 0.111.	on the came	_, 0
Dated May 16		<u>2018</u>						
	-		دسند (مر ا					
		e ud	12/1/1					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00