L16000112512

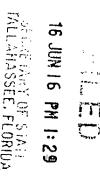
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COVER LETTER

TO: Registration S Division of Co			
Joe Hubbe	ll Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Carol Newman		
		Name of Person	
	Hesson & Birtch, LLC		
		Firm/Company	
	244 E. Doty Ave		
		Address	ATT
	Neenah, WI 54956		
		City/State and Zip Code	
	carol@heslaw.com	to be used for future annual report notifi-	
	·	·	cation)
For further information of	concerning this matter, please ca	all:	
Carol Newman		920- 729-0303	
Name o	of Person	at (Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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

Joe Hubbell Group, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L16000112512	pility Company were filed on June 9, 2016	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Hubbell Consulting Group, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>ente</u> ce address here:	er the name of the ne
22. 22.		
Name of New Registered Agent:		TT
New Registered Office Address:	Enter Florida street address	S FALL CORIU
		→
	, Florida _	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 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
·			
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			□ Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			Manage Junge Junge Junge SEE Or Bernete
			SEE STATE OR
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			Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00