## 116000162170

| (Re                     | questor's Name)   |           |
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|                         |                   | <u> </u>  |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
|                         |                   |           |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| C                       | Filling Officers  |           |
| Special Instructions to | Filing Officer:   |           |
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## **COVER LETTER**

| Division of Co            | rporations                                   |   |  |  |          |          |
|---------------------------|--|---|--|--|----------|----------|
| Huffman F                 | amily LLC                                    |   |  |  |          |          |
| SUBJECT;                  | Name of Limit                                | ted Liability Company   |  |  |          |          |
|                           |  |   |  |  |          |          |
| The enclosed Articles of  | Amendment and fee(s) are subr                | nitted for filing.  |  |  |          |          |
| Please return all corresp | ondence concerning this matter t             | to the following:   |  |  |          |          |
|                           | Katina Pantazis                              |   |  |  |          |          |
|                           | <del></del>                                  | Name of Person  |  |  |          |          |
|                           | Katina Pantazis PA                           |   |  |  |          |          |
|                           |  | Firm/Company  |  |  |          |          |
|                           | 13710 N. US HWY 441, St                      | te 500  |  | 7.0                                      | بنجسن    |          |
|                           |  | Address   |  |  | ്ത       |          |
|                           | Lady Lake, FL 32159                          |   |  | 生活                                       | SEP      | <u> </u> |
|                           |  | City/State and Zip Code   |  | 紹言                                       | 9        | ILED     |
|                           | katinap@lawkppa.com                          | to be used for future annual report notifi                          | cation)  | 三百                                       | <b>E</b> |          |
| For further information   | concerning this matter, please ca            |   | ,  | NA N | ₩ II: 35 |          |
| Katina Pantazis           |  | 352 750-9566<br>at ( )  |  |  |          |          |
| Name                      | of Person                                    | Area Code Daytime   | Telephone Number                                     | <del></del>                              |          |          |
| Enclosed is a check for   | the following amount:                        |   |  |  |          |          |
| ■ \$25.00 Filing Fee      | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate  Certificate  Certified (  (additional c | e of Statu<br>Copy                       |          |          |

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

| Huriman Family LLC   |   |                                |
|--|---|--------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I   | i <mark>ny as it now appears on our record</mark><br>Liability Company) | <u>is.</u> )                   |
| The Articles of Organization for this Limited Liability Company Florida document number L16000162170                   | were filed on 08/29/2016  | and assigned                   |
| his amendment is submitted to amend the following:   |   |                                |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |                                |
| he new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC                                     | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 1104 Ridgeland Path   |                                |
| Principal office address MUST BE A STREET ADDRESS)   | The Villages, FL 32162  |                                |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)                                   | The Villages, FL 32162  | SECRE!                         |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our record   | <b>会学 开</b>                    |
| Name of New Registered Agent:  |   | 57 35<br>                      |
| New Registered Office Address:   | Enter Florida street addres   | 5.5                            |
|  |   | orida                          |
|  | 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 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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|   |  |                                       |                   | <del>, ,,                                   </del> | <u> </u>                                |                   |  |
| ective date, if other than the c  | late of filings                        |                                       |                   |  | _ (optional)                            |                   |  |
| effective date is listed, the date must                                   | be specific and ca                     | annot be prior                        | to date of filing | or more than 90 d                                  | ays after filing                        | g.) Pursuant to 6 |  |
| te: If the date inserted in this blo<br>cument's effective date on the De |  |                                       |                   | filing requireme                                   | nts, this date                          | will not be li    | isted a                                      |
|   |  |                                       |                   |  |   |                   |  |
| record specifies a delayed  | effective da                           | te, but no                            | t an effecti      | ve time, at 1                                      | 2:01 a.m.                               | on the ear        | rlier  |
| he 90th day after the reco  | rd is filed.                           |                                       |                   |  |   |                   |  |
| , September 14  |  | 2016                                  |                   |  |   |                   |  |
| ted September 14  | ,                                      | 7                                     | <u> </u>          |  |   |                   |  |
| / \/ \  | /                                      | 1 ho                                  | $\nabla$          |  |   |                   |  |

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Typed or printed name of signee

Filing Fee: \$25.00