

L1600165226
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000183563 3)))



H170001835633ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (350)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I2C150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mneufeld@hunterdavisgroup.com

RECEIVED
2017 JUL 19 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HUNTER DAVIS GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
17 JUL 19 AM 10:59
DIVISION OF CORPORATIONS

O SIMMONS
JUL 20 2017

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HUNTER DAVIS GROUP, 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 Liability Company were filed on 09/02/2016 and assigned
Florida document number L16000165226.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

132 Mark Twain Ln

Rotonda West, FL 33947

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1300 Enterprise Dr Ste D

Port Charlotte, FL 33953

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tax Savers

New Registered Office Address:

1300 Enterprise Dr Ste D

Enter Florida street address

Port Charlotte

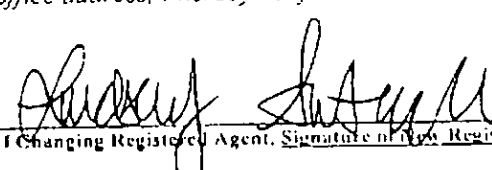
Florida 33953

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DANIELLE DAVIS	132 MARK TWAIN LN	<input checked="" type="checkbox"/> Add
		ROTONDA WEST, FL 33947	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL P NEUFELD	25188 E MARION AVE	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33950	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUL 19 AM 11:00
DIVISION OF CORPORATIONS

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
17 JUL 19 AM 11:00
DIVISION OF CORRECTIONS

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory-filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 11th 2017

Daniel W. Davis
Signature of a member or author

Signature of a member or authorized representative of a member

Danielle Davis

Typed or printed name of signee