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MAY 0 2 2017 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	• •
SUBJECT: Hub Walte L Name of Limited Liability Compar	-LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Deboral F	Reid
Deboral Re Firm/Compan	id PA
6034 Wind	e Broge Drive
Joeksorrou City/State and Zip	le, FL 32277
E-mail address: (to be used for future a	enous report notification) COM
For further information concerning this matter, please call:	MAY
Deboyal Red at (904 Area Code	747-2697- 經
Enclosed is a check for the following amount:	Daytime Telephone Number
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Certificate of Status \$\square\$ Certified Co	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

OF

Hub Noti	ve LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 11/14/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability".	ive LLC
Enter new principal offices address, if applicable:	王
(Principal office address MUST BE A STREET ADDRESS)	- Spr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	F. F. C.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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 **Type of Action Title** Address <u>Name</u> □ Add □ Remove ☐ Change □ Add _□ Remove □ Remo ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

□ Add

☐ Remove

☐ Change

If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effective date is listed, t Note: If the date inserted	than the date of filing: (optional) ne 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) in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
the record specifies a The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the record is filed.
Dated AD17	Signature of a member or authorized representative of a member
Tolon	Did Allows Co-M. L. M. Auc

Page 3 of 3

Filing Fee: \$25.00