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2022 MAR -7 AM 9: 04 SECRETARY OF STATI

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	HURD Real	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Ama	Name of Person	
	Hurd	rim/Company	·
	330 A	Ft Pickers Rd UNIT	19B
	Personal	A Reach Florida 30 City/State and Zip Code	9561
	Amardah (C E-mail address: (t	healtore upahon, o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
Ed50N (Scale Hursd Ferson	at (<u>850</u>) <u>565</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ILED

Hurd	Real Estat	2022 MAR -7 AM	9: 04
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Con	appease records of spany) TALLAHASSEE	STATE
The Articles of Organization for this Limited Liab	ility Company were filed	. / /	and assigned
Florida document number	<u>)- - - -</u> .		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the Real The new name must be distinguishable and contain the word	Estate &	COMPANY	LLC e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET).	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address l		our records, enter the n	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	E.	ter Florida street address	
	En	ier vioriaa street aaavess	
	City	Florida	Zip Code
	,		r

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 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>	Name	Address	Type of Action
			□Add
			Remove
			□Add
			Remove
			□ Change
			Change
		-	
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Chanve

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n effective dat <u>te:</u> If the da		st be specific and can lock does not meet	not be prior to dat the applicable s	e of tiling or more th	an 90 days after fili	al) ng.) Pursuant to 605.020 ate will not be listed a
cord specifi s filed.	es a delayed effectiv	/e date, but not an c	effective time, a	t 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
	3/3/2~	22 .				
ed	/// acc					
ted		Luc. d. B. Signature of a mem	ber or authorized	representative of a	member	