

**L17000046911**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**2017 MAR 13 PM 1:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**K. SALY**  
**MAR 14 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HUNTING CREEK PROPERTIES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHAD A. SHIMEL, ESQ.

\_\_\_\_\_  
Name of Person

CRAMER, PRICE & DE ARMAS, P.A.

\_\_\_\_\_  
Firm/Company

1411 EDGEWATER DRIVE, SUITE 200

\_\_\_\_\_  
Address

ORLANDO, FL 32804

\_\_\_\_\_  
City/State and Zip Code

CSHIMEL@CRAMERPRICE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAD A. SHIMEL

407

843-3300

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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)      ☐ \$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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

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

ORLANDO, FL 32804

ORLANDO, FL 32804

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

## Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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

Dated MARCH 9 2017

ed 

Signature of a member or authorized representative of a member

CHAD A. SHIMEL

Typed or printed name of signee