7000046911

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K. SALY MAR 1 4 2017

COVER LETTER

Divi	ision of Cor	porations			
	HUNTING	CREEK PROPERTIES, LLC			
SUBJECT:	-	Name of Lim	ited Liability Company	-	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		CHAD A. SHIMEL, ESQ.			
			Name of Person		
The enclosed Art Please return all of		CRAMER, PRICE & DE A	ARMAS, P.A.		
		Firm/Company			
1411 I ——		1411 EDGEWATER DRIV	/E, SUITE 200		
		···	Address		
_		ORLANDO, FL 32804			
			City/State and Zip Code	•	
	•	CSHIMEL@CRAMERPRI	CE.COM to be used for future annual report	atification)	
				nouncation)	
For further in	iformation c	oncerning this matter, please ca	all:		
CHAD A. SI	HIMEL		407 843-3300 at ()		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclosed is a	check for th	ne following amount:			
\$25.00 F	iling 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)	
	MAIL	ING ADDRESS:	STREET/COL	JRIER ADDRESS:	

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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HUNTING CREEK PROPERTIES, LLC

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

lorida document number L17000046911	were filed on FEBRUARY	
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."
nter new principal offices address, if applicable:	4062 SHORECREST DR	IVE
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32804	
•	<u> </u>	
nter new mailing address, if applicable:	4062 SHORECREST DR	IVE
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32804	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		cords, <u>enter the name of the n</u>
New Registered Office Address:		
	Enter Florida street o	address
<u></u>		_, Florida Zip Code
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		

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

or removed from our records: MGR = Manager AMBR = Authorized Member		Address Address
<u>Title</u>	<u>Name</u>	Address ALLAWARY or 1:39 Type of Action
		Add
		Remove
		Change
 		
		Remove
		Change
		Remove
		Change
		Add
		Remove
		Change
		Add
		Remove
		Change
		Remove

Effective date, if other than the date of filing: [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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated MARCH 9 2017		
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	Date	ad MARCH 9 2017

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee