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D. SCOTT FEB 1 5 2018

COVER LETTER

TØ:		istration Sec ision of Corp		•	*'	•		
CHDIE		мсеев ни	NTERS CREEK LLC		*			
SUBJE				nited Liability Company	,			
The end	closed	l Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return	all correspon	dence concerning this matter	to the following:				
			STEVEN A MCCUNNEY	7				
				Name of Person	1			
				Firm/Company				
			725 GULF SHORE DRIV	/E 501B				
				Address				
			DESTIN, FL 32541					
				City/State and Zip (Code			
			E-mail address: (to be used for future ar	inual report notific	cation)		
For furt	ther in	nformation co	ncerning this matter, please c	all:		TALL	2018	Ħ
DEAN	NA N	MULDOWNE	Y	850 at (837-3141	D. T.	FEB	F
		Name of		Area Code	Daytime	Telephone Number of	3 P 2	FILED
Enclose	ed is a	check for the	following amount:			-	語言	
\$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	oy.	S60.00 Filing Certificate of Certified Control of	of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCEEB HUNTERS CREEK LLC	
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000054423</u>	pany were filed on MARCH 8, 2017 and assigned
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 ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the ne
registered agent and/or the new registered office address	shere:
	TASS
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Fo
	City Szip Code
New Registered Agent's Signature, if changing Registered Agent	gent:

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>	Type of Action
MGR .	STEVEN A MCCUNNEY	725 GULF SHORE DR 501B	□ Add
		DESTIN, FL 32541	■ Remove
			Change
MGR	KIM M MCCUNNEY	725 GULF SHORE DR 501B	Add
	-	DESTIN, FL 32541	■ Remove
			Change
AMBR	MCEEB AD, INC.	725 GULF SHORE DR 501B	■ Add
		DESTIN, FL 32541	□ Remove
			Change
			Add
			Remove SECRET B Change ASSEE
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		re of a member or a		ative of a member		

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Filing Fee: \$25.00