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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 : (407)344-1012 Phone : (407)344-1371 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCEEB HUNTERS CREEK LLC

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FREEDOMTAX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 4327 PFYLED

19 MAR 18 AM 6: B3

TALLAHASSEE, FLORIDA

MCEEB HUNTERS CREEK LLC			
(Name of the Limite	d Liability Comp. A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Lie Florida document number L17000054423	ibility Company	were filed on 3/8/2	2017 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the we	ude "Limited Linki	Div Counany " the designation	"LLC" or the abbreviation "L.L.C."
		3066 Key Lime Loop	
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	•	Kissimince, FL 34744	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 470822 Celebration, FL 34747	
B. If amending the registered agent and/or the new registered of	or registered o fice address her	office address on our re re:	cords, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	3066 Key Lim	e Loop Enter Florida street	address
	Kissimmee		. Florida ³⁴⁷⁴⁴
		Čitv	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

Mar. 18. 2019 10:44AM FREEDOMTAX No. 4327 P. 3/4
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

Title	Name	Address	Type of Action
MGR	McCunney, Steven A		
			□ Remove
		PO Box 470822 Celebration, FL 34747	■ Change
MGR	McCunney, Kim M		Add
			☐ Remove
		PO Box 470822 Celebration, FL 34747	☐ Change
MGR	McCunney, Cory		Add
			□ Remove
		PO Box 470822 Celebration, FL 34747	Change
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			Change ALL
			FIL 19 HAR 18 SECRETARIA ALLAHASSE
			Reinove
			Standard D
			☐ Remove
			□ Change

). If amending any other infort	nation, enter change(s) here: (A	ttach additional sheets, if neo	cessary.)
			
			
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			FLORING CO.
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Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to da s block does not meet the applicable	(op) te of filing or more than 90 days aft statutory filing requirements, th	er filing.) Pursuant to 605.0207 (3)(b)
f the record specifies a delay b) The 90th day after the r	yed effective date, but not an record is filed.	effective time, at 12:01	a.m. on the earlier of:
Dated	2019		
	- MC		
- (·)	Signature of a member or authorized	representativo of a member	
Steven McCunney			
	Typed or printed na	me of signce	

Page 3 of 3

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