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FILED Jun 17, 2020 08:00 AM Secretary of State

ACCOUNTED

## **COVER LETTER**

TO: Registration S Division of Co			
AUD'OR, SUBJECT:	LLC.	·	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	Geisy Martinez		
	<del></del>	Name of Person	
	HUG Ranch, LLC.		
	<del></del>	Firm/Company	
	Address Hollywood, FL 33021  Ciny/State and Zip Code geisymartine2@gnail.com  E-mail address: (to be used for future annual report notification)  teerson  at (  Area Code  Daytime Telephone Number  Sirvet Address: Certificate of Status  Certificate of Status  Sirvet Address: Registration Section Division of Corporations The Centre of Tallahassee		
		Address	
	Hollywood, FL 33021		
		•	
For further information c		•	tification)
Geisy Martinez			
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Registration Se Division of Co	porations
Tallahassee, I			Γallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Jun 17, 2020 08:00 AM Secretary of State

AUD'OR, LLC.		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records. rida Limited Liability Company)	)
The Articles of Organization for this Limited Liability Florida document number L17000145759	Company were filed on 07/07/2017	and assigned
This amendment is submitted to amend the following:	<del></del> -	
A. If amending name, enter the new name of the li	mited liability company here:	
HUG Ranch, LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
		<del></del>
B. If amending the registered agent and/or register	red office address on our records, <u>enter th</u>	ne name of the new register
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	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 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			
AMRR = Authorized	Manakan		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is l	sted, the date must be s	occific and cannot be	prior to date of filin	g or more than 90 d	<b>_ (optional)</b> ays after filing.) Purs	uant to 605.0207
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ecord specifies a	lelayed effective date	e, but not an effect	ive time, at 12:01	a.m. on the carlie	er of: (b) The 90th	day after the
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Filing Fee: \$25.00