## 117000199550

(Req	uestor's Name)
	ress)
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(City.	/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bus	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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September 25, 2018

MIKE BROGDON 724 MAY AVE N FORT MYERS, FL 33903

SUBJECT: HUNTERS WILDLIFE SERVICE LLC

Ref. Number: L17000199550

We have received your document for HUNTERS WILDLIFE SERVICE LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00020018

2018 OCT -4 AH 11: 08

## COVERIETTER

	`	COVER LETTER		
O: Registration Se Division of Cor	porations			
ЭВЈЕСТ:	Hunters Wildlin	CC Screage, LLC.		
ie enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
ease return all correspo	ondence concerning this matter	to the following:		
	Mics	Kel Bregelen Name of Person		
	Hundon	S C.C.10/16 Society, 1	<u> 12</u>	
	724 1c/a	Address		
	Leath Ford R Bronkound E-mail address: (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Code used for future annual report notitions.	1-7 lication)	
or further information c	oncerning this matter, please ca	all:		
Micslocal Name o	Bockydar Person	at ( <u>) 39</u> <u>4/40</u> Area Code Daytime	9989 e Telephone Number	
nctosed is a check for the	ne following amount:		Fig.	
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURF	ER ADDRESS: F	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our reco	rds.)	<u></u>	
te Articles of Organization for this Limited Liability Company were filed on $9/26$ orida document number $4/2600199550$ .	/17	and assi	gned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability company here:			
enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	.C" or the abbr	eviation "L.L	C."
ter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)			
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
If amending the registered agent and/or registered office address on our recorgistered agent and/or the new registered office address here:	ds, <u>enter tl</u>	ne_name_c	of the n
istered agent and/or the new registered office address here.			
Name of New Registered Agent:			<del></del>
New Registered Office Address:		ارم الأناء 	إغيث
Enter Florida street addr		<u> </u>	
City	Florida	Zip Code	* * * * * * * * * * * * * * * * * * * *
w Registered Agent's Signature, if changing Registered Agent:		ר" ב	<b>つ</b>
ereby accept the appointment as registered agent and agree to act in this capacity. I J		<del></del>	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and exept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR =	Manager	
MBR =	Authorized Member	

i <u>tle</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of fi effective date is listed, the date must be specific e: If the date inserted in this block does n ument's effective date on the Department	e and cannot be prior to dat not meet the applicable s	e of filing or more than	(optional) 90 days after filing.) ements, this date w	Pursuant to 605.020 vill not be listed a
record specifies a delayed effectiv he 90th day after the record is file	ve date, but not an ed.	effective time, a	t 12:01 a.m. o	n the earlier t
				<u>.</u> :
ed September 29	2018			; ·
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2	of a member or authorized			 
Signature of	of a member or authorized	representative of a me	mber 😕	ھ

Page 3 of 3

Filing Fee: \$25.00