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EXAMINER

COVER LETTER

Division of Cor					
SUBJECT: Hughbert	L King Jr LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Hughbert L King Jr				
	· · · · · · · · · · · · · · · · · · ·	Name of Person		_	
		Firm/Company		_	
	5200 Lake Lowery Rd			* <u>-</u>	
		Address		- : i=	
	Haines City FI 33844			_	
		City/State and Zip Code	_,, • · · •		
	LKINGJR@AOL.COM E-mail address: (to be used for future annual r	report notification)	کا ^ش ہ ۔ ا	
For further information of	oncerning this matter, please c			·	
Hughbert L King Jr		863 422	2-8780		
Name of Person		Area Code	Daytime Telephone Numb	Telephone Number	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificosed) Certific	Filing Fee, cate of Status & Copy hal copy is enclosed	
Registr	ING ADDRESS: ration Section	Registrati	COURIER ADDRESS:		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hughbert L King LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____05/21/2018 and assigned Florida document number L18000126418 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hughbert L King Jr LLC 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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>	Address	Type of Action
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If an effective date: Note: If the date	if other than the date is listed, the date must be speeinserted in this block doctive date on the Department.	ecific and cannot loes not meet the	applicable st	of filing or more atutory filing re	than 90 days afte	ional) r filing.) Pursu is date will no	ant to 605.020 ot be listed a
	cifies a delayed effe ay after the record is	s filed.		effective tim	e, a t 12:01	a.m. on th	e earlier (
Dated	sly 25	. <u>Z</u>	18	Д			
	Nath Visional	ure of a member	or authorized r	epresentative of a	member		
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Page 3 of 3

Filing Fee: \$25.00