Division of Corporations Electronic Filing Cover Sheet

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(((H18000356884 3)))



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Davision of Corporations

Fax Number : (850)617-6383

From:

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HUNTR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE
DEC 18 2018 EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	HUNTR LLC		
(Name of the Limi	ted Liability Company as it now appear (A Fiorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	ЛЛLY 24TH, 2018	and assigned
Florida document number L18000177098	·		
This amendment is submitted to amend the following	iowir.g:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:		<del></del>
(Principal office address MUST BE A STRE)	ETADDRESS)	<del></del>	
	<del></del>		·
Enter new mailing address, if applicable:		<del></del>	<u></u>
(Mailing address MAY BE A POST OFFICE	BOX)		
			2018
B. If amending the registered agent and	/or registered office address of	our records, enter	the name of the ne
registered agent and/or the new registered of	mice address nere:		
Name of New Registered Agent:	MAGNUSSON, ANDERS JESP	ER	
New Registered Office Address:	4225 SHERIDAN AVE		PS <b>69</b> ''
-		rida streei address	7
	MIAMI BEACE	, Florida 33	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.

It Imoging Registered Agent, Signature of New Registered Age

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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	<u>Name</u>	Address	Type of Action
AMBR	PRIESTER, DEARIN A	4225 SHERIDAN AVE	Add
		MIAMI BEACH, FL 33140	□ Remove
•		<del></del>	☐ Chunge
AMBR	MAGNUSSON, ANDERS JESPER	4225 SHERIDAN AVE	Add
		MIAMI BEACH, FL 33140	□ Remove
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	Signature	of a member or author.	zed representative of a m-	ember		