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COVER LETTER

FO: Registration Se Division of Cor									
	Hunt	110							
SUBJECT:	Name of Lim	LLC 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:							
	Dearin	A. Prieste Name of Person	<i>Y</i>						
	Hun	Firm/Company							
		Firm/Company							
	4225	H225 Sheridan Ave Address Miami Beach, FL 33140 City/State and Zip Code Dearin Omen, Com E-mail address: (to be used for future annual report notification)							
	<u>Miar</u> Dear								
For further information c	oncerning this matter, please of		(Kanon)						
		at (<u>784)</u> 423 Area Code Daytim	3646 e Telephone Number						
Enclosed is a check for th	ne following amount:								
☐ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)						
Mailing Addres	s:	Street Address:							

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

TO:

Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hunty 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 $\frac{11/20/2019}{2000}$ and assigned Florida document number $\frac{87R066143-02}{2000}$. #1
Florida document number $BTR006143-02-2019$	4+**
This amendment is submitted to amend the following:	- · • •
A. If amending name, enter the new name of the limited liability company here:	l detal
Huntd 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) Dearin A. Priester H225 Sheridan AVE	2
	140
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Thur delication in the second of the seco	RD 10
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> :	<u>red</u>
Name of New Registered Agent: Dearin A Priester	-
New Registered Office Address: 4225 Sheridan Ave Enter Florida street address	
Miami Blach, Florida 33140	•

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member								
<u>Title</u>	Name	Address	Type of Action					
	Jesper Magnusson	4225 Sheridan A	<u>V</u> _□Add					
	J	4225 Sheridan A Mjami Beagh Fl	KRemove					
		33140						
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tive date, if o	ther than the o	late of filing	: Ma	rch	1, 20	52 <u>0</u>			. 605 D7(
: If the date in	sed, the date must serted in this blo e date on the De	ek does not n	neet the app	licable stati					
ord specifies a c filed.	delayed effective	date, but not	an effective	e time, at 1.	2:01 a.m. or	the carlie	rof:(b) 1	The 90th day	after the
d Feb	25	·	20	20. P	`^				
	De	Signature of a r		1 0	\sim	l'a member			_