

L18000204130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

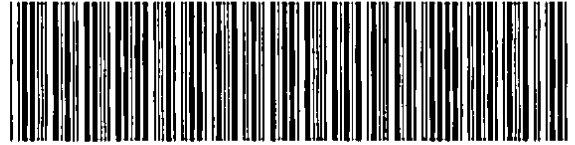
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 SEP 12 AM 7:49
TALLAHASSEE, FLORIDA

G. SIMMONS
SEP 17 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HUNYCO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMADALI GHASSEMI

Name of Person

HUNYCO LLC

Firm/Company

50 BISCAYNE BLVD APT 4805

Address

MIAMI FL 33132

City/State and Zip Code

MG@IRESOURCESLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMADALI GHASSEMI

216 334-9553

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HUNYCO 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 08/27/2018 and assigned
Florida document number L18000204130.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

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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

_____, Florida _____

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MOHAMMADALI GHASSEMI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		50 BISCAYNE BLVD. APT 4805 MIAMI FL 33132	<input checked="" type="checkbox"/> Change
AMBR	PATRICK R HELMUS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		8312 COMMERCE WAY APT 258 MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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12 PM 7:09
JAN 12 2011

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

HELLO,

I AM CHANGING BOTH MOHAMMADALI AND PATRICK (WHO ARE CURRENTLY AP) TO AMBR.

I AM ALSO ADDING "APT 4805" TO MOHAMMADALI'S MAILING ADDRESS.

BOTH REQUESTS ARE FILED IN PAGE 2 OF THIS FORM.

THANK YOU FOR YOUR SERVICE

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

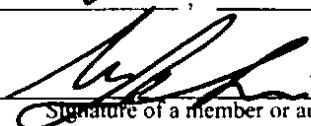
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

9/8/2018

11:51 PM



9/8/18

Signature of a member or authorized representative of a member

MOHAMMADALI GHASSEMI

Typed or printed name of signer