Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

(1)

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HULC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. CLINE OCT 29 DO (8 **EXAMINER**

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HULC LLC				
(<u>Name of the Limited Liability</u> (A Florida I	Company as it new appears on our records, imited Liability Company))		
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000229776</u>	mpany were filed on 09/27/2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u>, ,,</u>		
(Principal office address MUST BE A STREET ADDRI	ESS)			
		200		
		2 8 TO		
Enter new mailing address, if applicable:		20 T		
(Mailing address MAY BE A POST OFFICE BOX)		To the Time		
	-			
		95 %		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, ess here:	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u></u>		rida		
	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

Title	Name	Address	Type of Action
AMBR	Billy Boswell	3051 S Atlantic Avenue #204	☑ Add
		DAYT BCH SH, FL US 32118	antic Avenue #204
			□ Change
AMBR	Brendan Walsh	3051 S Atlantic Avenue #204	
AMBR		DAYT BCH SH, FL US 32118	☐ Remove
			Change
			Marie 2
			Change T
			☐ Change
			Remove
			Change
			Add
			□ Remove
			□ Change

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ecord specifies a delayed effe se 90th day after the record is	ctive date, but no s filed.	ot an effective	e time, at 12:01	a.m. on the	earlier
October 25	, 2018	·			
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Fiting Fee: \$25.00