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S. YOUNG

TO: Registration Se Division of Cor			
SUBJECT:	HUEY HOL Name of Limit	DINGS LLC ted Liability Company	
•		•	•
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Thomas	A HUEY Name of Person	
	HUEY H	Firm/Company	<u></u>
	11380 N	E 8th Ave Address	
	BISCHYNE	City/State and Zip Code	33161
	Ta-huey E-mail address (1	o be used for future annual report notifica	ution)
For further information of	oncerning this matter, please ca	ill:	
Momes	HUEY	at (305 916 Area Code Daytime 1	- 1564 elephone Number
Enclosed is a check for t	he 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

HUEV HOLD	INGS. LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it dow appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 1 8000 2 8 9</u> 4 §	3 9
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
was surfaced by the surfaced b	
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	E1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALINA S. HUEY	11380 NE8th AV	le B Add
	/	BISCAYNE PORK, F	Z □ Remove
		Address 11380 NE8th Av BISCAYNE POVE, F	/ □ Change
			
			П Кетюче
			□ Change
		-	Add
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ne reco	ord specifies 90th day afte	a delayed effec er the record is	ctive date, filed.	but not an e	effective time	e, at 12:01	a.m. on the e	arlier of
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Filing Fee: \$25.00