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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
subject: <u>Ĥuv</u>	nter Up L	ted Liability Company	<u></u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspon	ndence concerning this matter	to the following:	
		B. Fox Name of Person  Up LLC. Firm/Company	····-
	110/11/01	Firm/Company	
	648 E. Fa	Address 120.	
		FL 32110 City/State and Zip Code Lhunter upsafe	
For further information co	neerning this matter, please co	to be used to father annual reposition	(Partition)
3 hannon Name of	B. FCX Person	at ( <u>570)</u> <u>984 -</u> Area Code Daytin	1150 ne Telephone Number
Enclosed is a check for th	e 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hunter UP	LLC.
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L1900055</u> 3	
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	ted 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 ADDRI	ESS) 28
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JE 24 AMIL 5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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>	Address	Type of Action
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Note: If	e date, if other the tive date is listed, the the date inserted in it's effective date o	rthis block does	not meet the app	olicable statutory	or more than 90 of filing requirem	_ (optional) days after filing ents, this date	) (.) Pursua (.) will no	nt to 605 t be list	5.0207 ( ed as t
e record rd is filed	specifies a delayed f.	effective date, bi	ut not an effectiv	e time, at 12:01 :	a.m. on the earli	er of: (b) T	he 90th o	day afte	r the
Dated _	8/11/3	20	11/10		•				
			1-11900						
		Signature	of a m <del>ember</del> or a	uthorized represen	tative of a membe	ſ			

Filing Fee: \$25.00