

L19 0000 50327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/20--01015--004 **61.25

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2020 AUG 24 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FL

AUG 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hunter Up, 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:

Shannon B. Fox
Name of Person

Hunter Up, LLC.
Firm/Company

648 E. Favoretta Rd.
Address

Bunnell, FL 32110
City/State and Zip Code

Shannon@hunterupsafety.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon B. Fox at (570) 904-1150
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

Hunter UP LLC.

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	Walton Kinney	6135 State Rd. 11	<input type="checkbox"/> Add
		32130	
		Deleon Springs, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
DEPT. OF REVENUE
TALLAHASSEE, FL

2020 AUG 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

DE

2020 AUG 24 AM 11:51

STATE OF TEXAS,
COUNTY OF DALLAS.

(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)

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

8/11/20

Signature of a member or authorized representative of a member

Phillip Felix

Typed or printed name of signee

Filing Fee: \$25.00