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PICK-UP	WAIT [	MAIL
(E	Business Entity Name)	
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Certified Copies	Certificates of Star	tus
Special Instructions t	to Filing Officer:	

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19 JUL -8 ARTH 36

SECRETARING ARTH 36

JUL 1 7 2019

## **COVER LETTER**

TO: Registration : Division of C			
subject: <u>Но</u> б	NT FAMILY COMPLINE	any LC ited Clability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	AMALIA	Name of Person	
		Company UC Firm/Company	
	106 E. DAKIN	Address	
	kissim	Oity/State and Zip Code	<del></del>
		Chystate and shy code  Com ait com to be used for future annual repo	
For further information	concerning this matter, please ca	all:	
Amoua Name	of Person	at ( <u>324</u> ) 31	O ST31 Paytime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 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:

TO:

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

HUNT FAMILY OMPAY (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)  iability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number 190093342.		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "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)	106 E.DAKIN AV, KISS	simme FL	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the n	<u>ew</u>
Name of New Registered Agent:		<del></del>	-
New Registered Office Address:			·
<del>-</del>	Enter Florida street address	- <u>li</u>	
	, Florida	<del></del>	
	City	Zip Code 🕟 🐞	
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
MbR	RAINIELO Alonso MONTILUA CASTILLO	10226 NW With TEXMANCE APTION DOING FL 33178	Dandd
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11 4110	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
ne rec The	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
Dated :	7/3/2019
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00