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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

	ivision of Corp		· ·	
SUBJECT	Hunters Adv	zantage Decoys, LLC	·	•
30030.01	•	Name of Limited	Liability Company	
~· ·	1 4	• · · · · · · · · · · · · · · · · · · ·	6 . 5	
The enclos	sed Articles of A	Amendment and fee(s) are submit	ted for filing.	
Please retu	ırn all correspor	ndence concerning this matter to	the following:	
		Elizabeth J. Wiggins		
		Hunters Advantage Decoys, I	Name of Person LC	
		3745 Jamestown Lane	Hirm/Company	
		Jacksonville, Florida 32223	Address	
		info@huntersadvantagedecoys		
For further	r information co	e-mail address: (to to oncerning this matter, please call:	oe used for future annual report notificati	on)
David W.	Wiggins, Sr.		904 783-2425	
	Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed i	s 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)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Hunters Advantage Decoys, LLC

(Name of the Limited Liability Company as it now appears on out records.) 20 A = 33
(A Florida Limited Liability Company)

		a 05/0	13/2019	
The Articles of Organization for this Limited Liability Co	ompany we	ere filed on 19570	ortolia Latia	i.i. : t.l.and assigned
Florida document number L19000120501				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liabilit	y company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability	Company," the des	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADDR	ESS)			
		-	_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
				
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		e address on	our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered office addr	ress here:			
Name of New Registered Agent:				
Name of New Registered Agent.	- -	· · · <u>-</u>		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	<u> </u>	Enter Flori	da street address	
		Biller Filling		
	<u> </u>	City	, Florid	la Zip Code
New Registered Agent's Signature, if changing Registered	 1 Agent:	•		•
I hereby accept the appointment as registered agent of		to act in this c	anacity I furthe	er agree to comply with the
provisions of all statutes relative to the proper and co	, –			
accept the obligations of my position as registered ag				
being filed to merely reflect a change in the registere company has been notified in writing of this change.	a office ac	taress, 1 nereoy	v confirm that ti	ne umited hability
	lf Changi	ng Registered Age	ent, <u>Signature of N</u>	ew Registered Agent

Page 1 of 3

If amendin	g Authorized Person(s) authorized	d to manage, enter the title, name, and add	lress of each person being added
MGR = Manager AMBR = Authorized Member			
Title	Name	<u>Address</u>	Type of Action
AMBR	David W. Wiggins, Sr.	3745 Jamestown Lane Jacksonville, FL 32223	B Add
		<u> </u>	☐ Remove
			Change
			Remove
		<u> </u>	Change
		_	Add
			□ Remove
		<u> </u>	Change
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			☐ Remove
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		_	Add
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		<u> </u>	Remove
			□ Change

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	.	
		
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	1	
fective date, if other than th	e date of filing: 05/02	/2019 (optional)
an effective date is fisted, the date mu	ist be specific and cannot be block does not meet the a	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' applicable statutory filing requirements, this date will not be listed as
e record specifies a delaye The 90th day after the re		ut not an effective time, at 12:01 a.m. on the earlier o
ated May 15	. 2019	
Elizabeth (Signature of a member of	or authorized representative of a member
Elizabeth J. Wiggins		

Page 3 of 3

Filing Fee: \$25.00