

L19000209769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

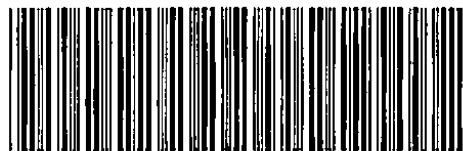
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2019 SEP 25 PM 4:01

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SEP 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUNNELL'S CURB Appeal 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:

Michael A. Hunnell
Name of Person

HUNNELL'S CURB Appeal LLC
Firm/Company

310 N. HARRIS ST.
Address

DAKOTA, FL 32724
City/State and Zip Code

moxychopper@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Hunnell at (386) 956-6838
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2019

MICHAEL A. HUNNELL
310 N. HARRIS STREET
DELAND, FL 32724

SUBJECT: HUNNELL'S CRUB APPEAL, LLC
Ref. Number: L19000209769

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00019025

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2019 SEP 25

HUNNELL'S CORB Appeal LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 16th 2019

Florida document number L19000209769

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HUNNELL'S CORB Appeal LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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)

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael A. Hunnell

New Registered Office Address:

310 N. HARRIS ST.

Enter Florida street address

Deland

City

Florida

32

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 c
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li
company has been notified in writing of this change.

Michael A. Hunnell

If Changing Registered Agent, Signature of New Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
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		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated (9-21) Sept. 21, 2019

Michael A. Funnell
Signature of a member or authorized representative of a member

Michael A. Hunsell
Typed or printed name of signer