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(City/State/Zip/Phone #)

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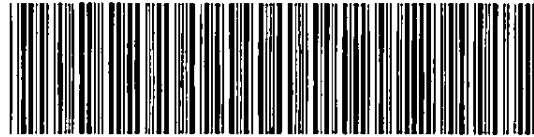
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 20 2020



PRIMMER PIPER
EGGLESTON &
CRAMER PC

30 Main Street, Suite 500 | P.O. Box 1489 | Burlington, VT 05402-1489

JON R. EGGLESTON
ADMITTED IN VT
jeggleston@primmer.com
TEL: 802-864-0880
FAX: 802-864-0328

January 23, 2020

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: John J. Hynes Consulting, LLC – Document No. L200000005875

Dear Sir or Madam:

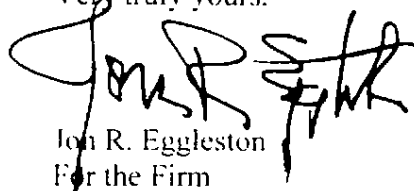
Enclosed please find Articles of Amendment for filing on behalf of our client, John J. Hynes Consulting, LLC, along with our check in the amount of \$25.00 for the filing fee.

The purpose of the Articles of Amendment is to correct an error in the name of the company, its Member and Registered Agent. John Hynes' middle initial is "L" and not "J", so the amendment reflects that change in each instance that it appears.

It would be appreciated if you would direct your letter of acknowledgment to me at the above address after the amendment has been filed.

Please feel free to contact me if you have any questions.

Very truly yours,



Jon R. Eggleston
For the Firm

JRE/kc

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John J. Hynes Consulting, 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:

Jon R. Eggleston, Esq.

Name of Person

Primmer Piper Eggleston & Cramer PC

Firm/Company

P.O. Box 1489

Address

Burlington, VT 05402

City/State and Zip Code

johnhynes@pshift.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon R. Eggleston, Esq.

802
at ()

864-0880

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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

John J. Hynes Consulting, 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 12/27/2019 and assigned
Florida document number L20000005875.

This amendment is submitted to amend the following:

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

John L. Hynes Consulting, LLC

The new name must be distinguishable and contain the words "Limited 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 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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John L. Hynes

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

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2020 JUN 27 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	John J. Hynes	24120 Treasure Island Blvd.	<input type="checkbox"/> Add
		Punta Gorda, FL 33955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John L. Hynes	24120 Treasure Island Blvd.	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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

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

January 17, 2020

Signature of a member or authorized representative of a member

John L. Hynes, Member

Typed or printed name of signee