

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004021093)))



H200004021093ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 Phone : (786)953-7449

: (786)953-7450

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. •• .

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HUNTER EYE TRADING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

p.4

Registration Section

TO:

Unknoun

Tallahassee, FL 32303

## **COVER LETTER**

| Division of Cor  | porations                                       | •  |   |
|--|---|--|---|
|  | YE TRADING LLC                                  |  |   |
| SUBJECT:   | Name of Limi                                    | ted Liability Company  | <del></del>   |
|  |   |  |   |
| The enclosed Articles of   | Amendment and fee(s) are subr                   | mitted for filing  |   |
| Please return all correspo   | ndence concerning this matter t                 | to the following.  |   |
|  | JUAN VALENCIA                                   |  |   |
|  |   | Name of Person   |   |
|  | HUNTER EYE TRADING                              | SLLC   |   |
|  |   | Firm/Company   |   |
|  | 1710 NE 191ST UNIT 20                           | 04   |   |
|  |   | Address  |   |
|  | MIAMI, FL 33179                                 |  |   |
|  |   | City/State and Zip Code  |   |
|  | HUNTEREYETRADING                                | GMAIL.COM to be used for future annual report noti                                       | fication)   |
| For further information c  | oncerning this matter, please or                |  |   |
| JUAN VALENCIA  |   | 786 515-3814   |   |
| Name o   | f Person  | Area Code Daytim   | e Telephone Number  |
| Enclosed is a check for the  | ne following amount:                            |  |   |
| ■ \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)                         | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre<br>Registration<br>Division of C<br>P.O. Box 632<br>Tallahassee, | Section<br>Corporations<br>27                   | Street Address:<br>Registration Se<br>Division of Co<br>The Centre of T<br>2415 N. Monro | porations   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HUNTER EYE TRADING LLC  |  |  |                |
|---|--|--|----------------|
| (Name of the Limited Liability C<br>(A Florida Lim  | ompany as it now appears on ounited Liability Company)   | r records.)  |                |
| The Articles of Organization for this Limited Liability Com<br>Florida document number <u>L20000092050</u>  | (Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)  these of Organization for this Limited Liability Company were filed on March 30, 2020 and assigned occurrent number 1,20000092050  Indirect is submitted to amend the following:  The ending name, enter the new name of the limited liability company here:  The ending name, enter the new name of the limited Liability Company, the designation "LLC" or the abbreviation and office address MUST BE ASTREET ADDRESS)  The ending address, if applicable:  The end of the Limited Liability Company as it now appears on our records.  The end of the Limited Liability Company and March 30, 2020 and assigned |  |                |
| This amendment is submitted to amend the following:   |  |  |                |
| A. If amending name, enter the new name of the limited  | I liability company here:  |  |                |
| The new name must be distinguishable and contain the words "Limited   | Liability Company," the designat   | ion "LLC" or the abbreviation "L L C "                               |                |
| Enter new principal offices address, if applicable:   |  |  | <u> </u>       |
|   | <u> </u>   | 7020   |                |
|   |  |  |                |
|   |  |  | ***            |
| Enter new mailing address, if applicable:   |  |  | :              |
| -   |  |  | ! [            |
| Enduing utdress in Cl. Dis. Close of Cless is a   |  | 0: (   | <del>~</del> _ |
|   |  | . 8  |                |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here:  | ffice address on our record  | s, <u>enter the name of the new reg</u>                              | istered        |
| Name of New Registered Agent:   |  |  |                |
| New Registered Office Address:  |  |  |                |
|   | Enter Florida sti  | eet address  |                |
|   |  | , Florida<br>Zip Code  |                |
|   | City.  | Zip Code   |                |
| New Registered Agent's Signature, if changing Registered A  |  |  |                |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agenting filed to merely reflect a change in the registered company has been notified in writing of this change. | aplete performance of my a<br>nt as provided for in Chapi  | uties, and I am Jamiliar with an<br>er 605, F.S. Or, if this documen | iu             |
|   |  |  |                |

If Changing Registered Agent, Signature of New Registered Agent

p.6 7869537450 Unknown

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>  | Address                     | Type of Action |
|--------------|--------------|-----------------------------|----------------|
| AMBR _       | JUAN VALECIA | 1710 NE 191 STREET UNIT 204 | <b>=</b> Add   |
|              |              | MIAMI, FL. 33179            | Remove         |
|              |              |                             | ]Change        |
|              |              |                             | □Add           |
|              |              |                             | Remove         |
|              |              |                             | ]Change        |
|              |              |                             |                |
|              |              |                             | 20             |
|              |              | <u></u>                     | O DAdd         |
|              |              |                             | TRemove        |
|              |              |                             | TChange        |
|              |              |                             |                |
|              |              |                             | Remove         |
|              |              |                             |                |
|              |              |                             |                |
|              |              |                             | □Remove        |
|              |              |                             | □Change        |

|   |   |   |  |                      |   | <u> </u>                    |            |
|---|---|---|--|----------------------|---|-----------------------------|------------|
|   | <del></del>                               |   |  |                      |   |                             |            |
|   |   |   |  |                      |   |                             |            |
|   |   |   |  |                      |   |                             |            |
|   |   |   |  |                      | <del>-</del>                                      | <del></del>                 |            |
|   |   |   |  |                      |   |                             |            |
|   |   |   |  |                      |   |                             |            |
|   |   |   |  |                      |   | 2020                        |            |
|   |   |   |  |                      |   | 2020 NOV                    |            |
|   |   |   |  |                      |   | 20                          |            |
|   |   |   |  |                      | •   | A                           |            |
|   |   |   |  |                      |   | 0: 0B                       |            |
|   |   |   |  |                      |   | <del>- w</del>              |            |
|   |   |   |  |                      |   |                             |            |
|   |   |   |  |                      | <u> </u>  |                             |            |
|   |   |   |  | <u> </u>             | ·   |                             |            |
|   |   |   |  |                      |   | <del></del>                 |            |
| Effective date, if other than an effective date is listed, the date Sote: If the date inserted in the comment's effective date on the | niust be specific and is block does not r | d cannot be prior t<br>meet the applica | to date of filing or<br>able statutory fil | more than 90 days af | tional)<br>ter filmg ) Pursua<br>his date will no | nt to 605 03<br>t be listed | 20<br>. aʻ |
| record specifies a delayed eff<br>d is filed.   | ective date, but not                      | t an effective tir                      | me, at 12:01 n m                           | i, on the earlier of | (h) The 90th o                                    | day after th                | he         |
|   |   | 2020                                    |  |                      |   |                             |            |
| NOVEMBER 20   | New                                       | Kell                                    | NELS                                       |                      |   |                             |            |

Filing Fee: \$25.00