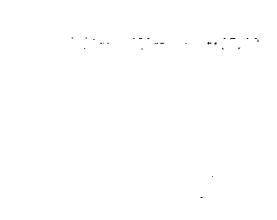
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(Requestor's Name)	
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(Business Entity Nar	me)
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Hunt Dules Name of Lim	ited Liability Company	
The enclosed Articles of Art	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Ben Ma	ertih	
		Name of Person	
	Hunt Rule	es, LLC	
		Firm/Company	
	7128 Ashl	and Glen	
	·	Address	
	Bradenton	FL134202 City/State and Zip Code ontact agmail. co to be used for future Annual report notif	
	1 100	City/State and Zip Code	
-	E-mail address: (on tout alama, 1. co	ication)
For further information conc			
Ben Man Name of Pe	rtin	at (<u>574</u>) <u>612-</u> Area Code Daytime	2868
Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
♥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & 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 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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on June 1, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Hunt Regs, LLC The new name must be distinguishable and contain the words "Limited Liabileters".		breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	7~	
The state of the s	Enter Florida street address	
	, Florida	· · · · · · · · · · · · · · · · · · ·
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	familiar with and if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
				□ Add
		\		□ Remove
				□ Change
				□ Add
				□ Remove
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				□Add
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				□Remove
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				□ Change

							
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<u>e:</u> If the	e date inserted in		not meet the a	pplicable statute) Pursuant to 605.02 will not be listed a
ord spe	cifies a delayed o	effective date, bu	t not an effect	ive time, at 12:0) I a.m. on the ea	rlier of: (b) Th	e 90th day after th
ed	June	17 By 1	20%	21			
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					sentative of a mem		