L20 000274511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 DEC -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBMITTED
DEC 14 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

TRAVIS B HUNT SR
6731 NW 70TH AVE
TAMARAC, FL 33321

SUBJECT: 1 HUNT HEAVENLY HANDS LLC
Ref. Number: L20000274511

We have received your document for 1 HUNT HEAVENLY HANDS LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature page missing

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 120A00023153

RECEIVED
DEC 07 2020

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I Hunt Heavenly Hands 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:

Travis B. Hunt SR
Name of Person

I Hunt Heavenly Hands LLC
Firm/Company

6731 NW 70th Ave
Address

Tamarac FL 33321
City/State and Zip Code

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

For further information concerning this matter, please call:

Travis B. Hunt SR at (954) 830 5224
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

I Hunt Heavenly Hands 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 9.2.2020 and assigned Florida document number L20000274511.

This amendment is submitted to amend the following:

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

I Hunt Heavenly Hands 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)***

6731 NW 70th Ave
Tamarac FL 33321

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

6731 NW 70th Ave
Tamarac FL 33321

**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: _____

New Registered Office Address: _____
*Enter Florida street address*

_____, Florida _____
*City* *Zip Code*

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2020 DEC -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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

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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AMBR | Shkina Q Hunt | 6731 NW 70th Ave | ☐Add |
| | | Tamarac Fl 33321 | ☒Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |
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| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |

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

**E. Effective date, if other than the date of filing:** 9.2.2020 **(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 11.24 . 2020 .

Travis B. Hunt Sr
Signature of a member or authorized representative of a member

Travis B. Hunt Sr
Typed or printed name of signee

Filing Fee: $25.00