L2000283242

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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7/15/24 KH

COVER LETTER

TO: Registration So Division of Con				
SHIDIDATT.	Sales Hunter	z LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	telia HoizeNO			
	_	Name of Person		
		A/ES Honton	2, LC	
	3104 N YU	nenia Are,	8te 2	
	Ton	1/2- 72 3:	3607	
		 City/State and Zip Coc 	ie	
	E-mail address: 1	e documentos	ry ApoSti 11a ial report notiticat	25.6m
For further information e	oncerning this matter, please c	all:		
telix H	o RENJ	at (<u>486</u>)_ Area Code	-	66 ZZ
Name o	f Person	Area Code	Daytime Te	lephone Number
Enclosed is a check for the	ve fallowing sovenst			
	S30,00 Filing Fee &		e &	□ \$60,00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is a	enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address			Address:	
Registration Section Division of Corporations			tration Sectio ion of Corpor	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
i ananassec, i	(L J L J T T		hassee. FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sales	5 Hun	lee,	LLC		
(Name of the Limited Lia (A Flo	ibility Company orida Limited Lia	as it now ap bility Compai	pears on our re iy)	cords.)	
The Articles of Organization for this Limited Liabilit		ere filed on	Jan 2	3 Joa4 and assign	ned
This amendment is submitted to amend the following	<u>:</u>				
A. If amending name, enter the new name of the l	limited liabili	y company	<u>v here</u> :		
The new name must be distinguishable and contain the words "	Limited Liability	Company," (he designation "	LLC" or the abbreviation "L.L.C	* **
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	<u>DDRESS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registe agent and/or the new registered office address her		aress on ou	r records, <u>er</u>	iter the name of the new r	<u>egistered</u>
Name of New Registered Agent:					
New Registered Office Address:					
		Enter	Florida street ac	ldress	
		Cuv		, Florida	
New Registered Agent's Signature, if changing Regist	arad Agant:	CW		zap Cara	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	ent and agree d complete pe d agent as pro tered office ac	rformance wided for i	of my duties 'n Chapter 6	i, and I am familiar with a 95, F.S. Or, if this docume	and
	If Changir	ng Registered	Agent, Signatu	ire 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	<u>Name</u>	Address	Type of Action
BHBR	MIREYDA HENDOZA	4411 A Kith DR	5Add
		4411 A KITIL DIZ TAMPA-FL 33627	□Remove
		·	Change
			🗆 Add
			□Remove
		-	[Change
			🗆 Add
			Remove
			🗆 Change
			□Add
			□Remove
			Change
		-	□Add
			⊒Remove
			□ Change
			DAdd
			□Remove
			□Change

Note:	ive date, if other than the date of filing:
The reco	rd 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 led.
	06/10/2024
Datec	11.0.412

Filing Fee: \$25.00

Typed or printed name of signee