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| (Requestor's Name) | |
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| (Address) | |
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| PICK-UP WAIT | MAiL |
| (Business Entity Nan | ne) |
| (Document Number) | |
| Certified Copies Certificates | s of Status |
| Special Instructions to Filing Officer: | } |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|--|---|
| SUBJECT: | Hungerford Name of Lim | Park, UC ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | <u>Kı</u> | 1 C A. Sanders Name of Person | |
| | Hv | nger ford Park Firm/Company | , uc |
| | 1133 | Lovisiana Ave, Address | Stc. 101 |
| | Wi | nter Park, FL City/State and Zip Code udcrs@Sovland to be used for future annual report n | 32789 1. com |
| For further information co | ncerning this matter, please ca | r | ouncation) |
| Kyle A | Sanders | at (<u>40 7</u>) <u>7</u> Area Code Days | 54-6748 |
| , | | | The receptione Adminer |
| Enclosed is a check for the | e 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

| (Name of the Limited Liability | y Company as it now appears on our records.) |
|--|--|
| /(A Florida | Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on $\frac{2/17/21}{}$ and assigned |
| Florida document number <u>L2/000081780</u> | · (|
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit N/Δ | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDR) | |
| Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registere |
| Name of New Registered Agent: | N/A |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida Zip Code |
| | City Zip Gode |

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 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 |
|--------------|---------------|---|--------------------|
| MGR | Allan E. Keen | 121 Garfield Ave | V Add |
| | | 121 Garfield Ave Winter Park, FL 32789 | 7 _ □Remove |
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| ctive date, if oth | er than the date | of filing: | 8/1/21 | (e | optional) |
| effective date is fiste | u, the date must be sp | pecific and cannot be | e prior to date of filing | or more than 90 days | after filing.) Pursuant to 605.02: s. this date will not be listed: |
| ument's effective of | late on the Departi | nent of State's re- | cords. | ining requirements | inis date will not be fisted : |
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| ord specifies a dol | ared affirming day | . hut not on .er.a. | | .1 | 15 .4 S .4 s . s . s . s . s . s . s |
| filed. | ayed effective date | , out not an errec | tive time, at 12:01 a | im, on the earlier o | of: (b) The 90th day after th |
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| | Signa | ture of a member of | r authorized represent | ative of a member | * |
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| - | | Kylc | A. Sander printed name of sign | · <u>s</u> | ,23 |
| | | Tr.A. a. J | company and a second of the | | 18 |