121000091673

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration : Division of Co			
LFL Hun			
SUBJECT:		ited Liability Company	·
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Frank C. Hunt		
		Name of Person	
		Firm/Company	
	4301 N. Hwy 19A Lot 129		
		Address	
Mt. Dora, Florida 32757			
	wtpc@reagan.com	City/State and Zip Code	 .
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Frank C. Hunt		407 777-6230 at ()	
Name	of Person		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 Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810. 22

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Company Florida document number L21000091673	y were filed on 2/24/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registe
The man of the new regions of the man of the new regions of the new re		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	Υ
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	=

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
AMBR	FRANK C. HUNT	4301 N. HWY 19A	□Add
		Lot 129	□ Remove
		Mt. Dora, Fl 32757	≣ Change
AMBR	Leonard J. Hunt	5828 Delta St.	□Add
		Orlando, Fl 32807	
			■Change
			□ Add
		- 	□Remove
			□Change
		_	□ Add
			□Remove
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effective date is listed, the date mu te: If the date inserted in this b	ist he specific and cannot be price lock does not meet the application.	or to date of filing or mo icable statutory filing	ore than 90 days after f	ling.) Pursuant late willinot	to 605 <u>.0</u> 20 be lis ted a
ument's effective date on the D	Department of State's record	S.		R 22	(*****
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cord specifies a delayed effectives filed.	ve date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90 43 da بيا	iy after the
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