Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Phone : (917)243-5843 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HUNTER KEYS REALTY LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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| Estimated Charge      | \$25.00 |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hunter Keys Realty LLC  |   |  |                       |  |
|---|---|--|-----------------------|--|
| (Name of the Limited Liability<br>(A Florida I  | Company as it now appears on our recon  | <u>(de.)</u>                                     |                       |  |
| The Articles of Organization for this Limited Liability Company were filed on 04/08/2021  Florida document number L21000149212  |   | and assig  | and assigned          |  |
| This amendment is submitted to amend the following:   |   |  |                       |  |
| A. If amending name, enter the new name of the limit  | ted liability company here:   |  |                       |  |
| The new name must be distinguishable and contain the words "Limit   | ted Liability Company," the designation "LL   | .C" or the abbreviation "L.L.                    | .C."                  |  |
| Enter new principal offices address, if applicable:   |   |  |                       |  |
| (Principal office address MUST BE A STREET ADDRI  | ESS)  |  |                       |  |
|   |   | Ø3_  |                       |  |
|   |   | <b></b>  | <b>2</b> 02           |  |
| Enter new mailing address, if applicable:   |   | <b></b>  | <u>_</u>              |  |
|   | <del></del>   |  |                       |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>   |  | <del>- မ</del> ်      |  |
|   |   | <del></del>                                      | ) <del>&gt;&gt;</del> |  |
| B. If amending the registered agent and/or registered   | office eddress on our records ente  | er the name of the new                           | TE COLETON            |  |
| agent and/or the new registered office address here:  | Office addition on the records, cites   | <u></u>  | <i>∨</i> .            |  |
|   |   | D(⊓<br><b>&gt;</b>                               | _                     |  |
| Name of New Registered Agent:   |   |  |                       |  |
| M - B - 1 - 1000 - A 11   |   |  |                       |  |
| New Registered Office Address:  | Enter Florida street oddi   | ress   |                       |  |
|   | •   | Cladda   |                       |  |
|   | City  | Fiorida<br>Zip Code                              | <del></del>           |  |
| New Registered Agent's Signature, if changing Registered  | Agent:  |  |                       |  |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | and agree to act in this capacity. I pomplete performance of my duties, gent as provided for in Chapter 60: | and I am familiar with 5, F.S. Or, if this docum | and<br>nent is        |  |
|   | if Chauging Registered Agent, Signatur  | e 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> | Name                 | Address               | Type of Action  |
|--------------|----------------------|-----------------------|-----------------|
| AMBR         | Nicole P. Cacciatore | 838 Coyle Lane        | []_\dd          |
|              |                      | Springfield, KY 40069 | <b>Æ</b> Rcmove |
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| Effective date, if other than the date (if an effective date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep | k does not meet the applicable statutory fi   | (optional) or more than 90 days after filing.) Pursuant to 605, illing requirements, this date will not be liste   | .0207 (3)<br>ed as the |
| •  | A   | m, on the earlier of: (b) The 90th day after   | the                    |
| the record specifies a delayed effective (   | date, but not an effective time, at 12:01 a.i | <b>%</b>   |                        |
| the record specifies a delayed effective operation is filed.   |   |  |                        |
| the record specifies a delayed effective (   | 2021  |  |                        |
| the record specifies a delayed effective of cord is filed.   |   |  | 2021 JUN               |
| the record specifies a delayed effective of cord is filed.  Dated June 3   |   | ive of a member  | 2021 JUN -3            |
| the record specifies a delayed effective of cord is filed.  Dated June 3   | <del>202</del> 1                              | ASS THE PROPERTY OF A MEMBER O |                        |

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