L21000216104

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Special Instructions to F	iling Oπicer:	

Office Use Only



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COVER LETTER

CHARLES CATA	E HUNTE LIQUIDATION LI	.c						
SUBJECT:	Name of Lim	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	WESLEY HUNTE							
		Name of Person						
	TREASURE HUNTE LIQ	UIDATION LLC						
Firm/Company								
	2076 APRICOT DRIVE							
		Address						
	DELTONA, FL 32725							
	1.1	City/State and Zip Code						
	wesleyhunte30@gmail.com E-mail address: (to be used for future annual report notificat	tion)					
For further information c	oncerning this matter, please ca	all:						
WESLEY HUNTE		386 289-7890						
Name o	1 Person	Area Code Daytime Te	elephone Number					
Enclosed is a check for the	ne following amount:							
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Addres Registration S		Street Address: Registration Section	on					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

TREASURE HUNTE LIQUIDATION 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 w Florida document number L21000216104	ere filed on MAY 10, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbi	reviation "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 ad agent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
Name of New Registered Agent:	P	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	City	Zip Code

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>	Name	Type of Action	
MGR	DANIEL ODIO	S78 GERALDINE DR. □ DELTONA, FL 32725 □ Remove □ Change □ Add □ Remove	
		DELTONA, FL 32725	□Remove
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	Muy	Alle	wh								
	7	Signature	of a mem	ber or autho	orized repre	esentative o	f a member	<u> </u>			
W	esley Hunte										

Filing Fee: \$25.00