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(Requestor's Name)
(Requestors Name)
(Address)
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(City/State/Zip/Phone #)
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(320,1000 2)
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A. BUTLER APR 2 1 2022

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	HUT TEA	M REALT	4 LL	C
		ited Liability Company		•
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		DANIEL	457	
		Name of Person		
	HUT T	EAM LEA	ny	uc
	3268 (MASPERNO	Plane	-7 ME
		Address		
	MINICA	HAVE		33884
		City/State and Zip Code		
	E-mail address: (to be used for future annual	report notificatio	n)
For further information co	ncerning this matter, please c	all:		
DANIEL	HJT.	at (863)	399 9	'669
Name of	Person	Area Code	Daytime Tele	phone 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 en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>.</u>	Street A	ddress:	

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

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

AUT TEAM	REALTY	UC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L210003 450 [9]</u> .	ny were filed on	7-30-21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	ignation "L.L.C" 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 offic agent and/or the new registered office address here:	e address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floric	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	ete performance of n s provided for in Cl	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature 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>	<u>Name</u>	Address	Type of Action
MGR	lulia Hut	3268 WHISPERING TRAIL	Add
		3268 WHISPERING TRAIL, WINTER HAVE TI 33884.	□Remove
			_ □Change
			🗆 Add
			□Remove
			□Change
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<u>Note:</u> If th	late, if other than the e date is listed, the date must be date inserted in this black effective date on the D	ock does not meet	the applicable stat	filling or more than Sutory filling require	(optional) 00 days after filing.) Pur ements, this date will	suant to 605.020 not be listed a:
record sp d is filed.	ecifies a delayed effectiv	re date, but not an e	ffective time, at 1:	2:01 a.m. on the ea	arlier of: (b) The 90	th day after the
	APRIL 7	21	2022			
Dated		、 ₩				
Dated		Signature of a men	per or authorized rep	oresentative of a mer	nber	

.

Filing Fee: \$25.00