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Registration Section

Tallahassee, FL 32314

Division of Corporations

TO:

LC
Liability Company
ed for filing.
ne following:
Name of Person
Firm/Company
don Grateway, Suite 200
ity/State and Zip Code
used for future annual report notification)
,
at (801), 527 - 1040
Area Code Daytime Telephone Number
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
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

AFA HUB FL LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	and assigned
his amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.1C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	1DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regingent and/or the new registered office address h	stered office address on our records, <u>enter the n</u> ere:	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	P . (7)	
	Enter Florida street address	
-	, Florida	Zip Code
	CHV	zīp Coae

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	Alisa Shawn	1800 Pembrook Drive, Suite 300	
		Orlando, FL 32810 US	□ Add
			□Remove
			≡ Change
MGR Adam Shawn	Adam Shawn	1800 Pembrook Drive, Suite 300	
		Orlando, FL 32810 US	□ Add
			□Remove
			≡ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effec <u>Note:</u> T	re date, if other than the date of filing:
record is file	
Dated _	October 4 2022. Alisa Shawn
	Alisa Shawn
	Signature of a member or authorized representative of a member Alisa Shawn, Manager
	en en en en en en gr egoria. En

Typed or printed name of signee