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OIVISION OF CORPORATIONS

22 APR 25 PM 1: 36

T. MATTHEWS JUN 1 3 2022

COVER LETTER

, ,

Tallahassee, FL 32314

TO: Registration Section Division of Corporati	ons		œ
SUBJECT: Hunnid	Racks LLC Name of Limited	Liability Company	· .
The enclosed Articles of Amend		-	
Please return all correspondence	e concerning this matter to t	ne following:	
	Troy K	Name of Person	
_	Hynnid Ro	Firm/Company	·· ····
	1035 17	Address	<u>.</u>
	vero Beach Theofficialh	Eity/State and Zip Code Cunni Urocks @ 9mile e used for future annual report four factors	<u>cil.com</u>
For further information concern		e used for future annual report fourteant	м,
Troy A. Brane of Person	dy	at (<u></u>	/ 6 ephone Number
Enclosed is a check for the follo	owing amount:		
X \$25.00 Filing Fee □ S	\$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 Address: Registration Section Division of Corpore P.O. Box 6327		Street Address: Registration Section Division of Corpora The Centre of Talla	ations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TION LECK! JARY OF STATE

Hunnid Racks LLC	.	22 APR 25 PM 1: 37
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200109949</u> .	were filed on	03/03/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company he	e <u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1035	17th PL SW
(Principal office address MUST BE A STREET ADDRESS)	vero Be	ach. FL, 32962
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1275 6073 j	Highway/Suite 2- 1ero Beach, FL, 32960
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
	2	
	City	, Florida 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>	<u>Name</u>	Address	Type of Action
MGR	Tray A. Brady-Owner	1035 17th PL Sw Vero Beach, FL, 32962	Ndd
			□Remove
			□Change
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			□Remove
			□Change
			□Add
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<u>te:</u> If the	ate, if other than t date is listed, the date i date inserted in this effective date on the	s block does not i	meet the applica	able statutory filii	(opt nore than 90 days after ng requirements, th	ional) er filing.) Pursuant to 6 is date will not be l	605.020 isted a
cord spec s filed.	rifies a delayed effec	ctive date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
ed A	pril_20		. <u>20</u> 22	<u>}</u> .			
		1000	. Brad	4			
_		Signature of	member or author	orized representativ	e of a member	•	

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Filing Fee: \$25.00