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2023 AFR 19 FH 4: 33

## **COVER LETTER**

TO: Registration Sc Division of Cor			
	Leal Estate Investment Group, L	LC	
SUBJECT:	Name of Limi	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:	
	Rita Hunt		
		Name of Person	
	The Hunt Real Estate Inves	stment Group, LLC	
		Firm/Company	
	102 Capri Cv E		~>
	<del></del>	Address	
	Niceville, FL 32578		
		City/State and Zip Code	19
	ritamerck@hotmail.com		- T
For further information c	E-mail address: () concerning this matter, please ca	to be used for future annual report notif all:	1023 AFR 19 FH 4: 33
Rita Hunt		970 215-1815 at ()	,,,
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	LJ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Corp	
P.O. Box 632	•	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hunt Real Estate Investment Gro	• '			
(Name of the Limited	Liability Compa VFlorida Limited	any as it now appears on our re Liability Company)	cords.)	_
The Articles of Organization for this Limited Lia	bility Company	were filed on April 12, 202	2 and :	assigned
lorida document number L22000175932	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	oility company here:		
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applical	ble:	102 Capri Cv E	2023 3	
Principal office address MUST BE A STREET ADDRESS)		Niceville, FL 32578		L _
				. '
Enter new mailing address, if applicable:		102 Capri Cv E		
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Niceville, FL 32578	TA C	3
3. If amending the registered agent and/or registered office address		address on our records, <u>er</u>	iter the name of the i	<u>iew registere</u>
Name of New Registered Agent:	Rita Hunt			
New Registered Office Address:	102 Capri Cv F			
		Enter Florida street aa		
	Niceville		, Florida <u>32578</u>	1
		City	Zip Cod	de

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

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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<u>inte:</u> If the date inserted in this blo	ock does not meet the appli	icable statutory filing re	equirements, this o	late will r	ot be lis	ted a
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pated	Signature of a member or aut	horized representative of	a member		9 🚘	

Filing Fee: \$25.00