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Office Use Only



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COVER LETTER

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Registration Section Division of Corporations

HUNTERS 360 USA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALEXANDRE GARCIA RESENDES Name of Person Firm/Company 208 OLD MILL CIR Address KISSIMMEE FL 34746 City/State and Zip Code hunters360usallc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alexandre Garcia Resendes Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HUNTERS 360 USA LLC

2022 JUL 18 AM 11: 27

(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	were filed on $\frac{05/19/20}{}$)22	and assigned
Florida document number L22000233970			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	ation "I.I.C" or the abl	previation "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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida st		e of the new_registered
	Enter Ptortau Si		
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap	luties, and I am f ter 605, F.S. Or,	amiliar with and if this document is
If Char	nging Registered Agent, §	Signature of New Reg	istered 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	YARA DOMINGUES DE ALMEII	208 OLD MILL CIR	
		KISSIMMEE FL 34746	■Remove
			□Change
MGR	ALEXANDRE GARCIA RESEND	208 OLD MILL CIR	= Add
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