L23000181486

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COVER LETTER

TO:

	gistration Section of Corp				
SUBJECT:	Huchro Tec	hnologies LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please returi	ı all correspo	ndence concerning this matter	to the following:		
		Casey Huchro			
			Name of Person		
		Huchro Technologies LLC			
			Firm/Company		
		4101 Key Thatch Dr			
			Address		
		Tampa, FL		-	
			City/State and Zip Code	•	
		Casey@vitalshieldcoverage		- 1	
		E-mail address: (to be used for future annual report noti	fication)	
For further i	nformation co	oncerning this matter, please co	all:	- 	
Casey Huch	iro		813 2977166 at ()		
	Name of	f Person		e Telephone Number	
Enclosed is	a check for th	te following amount:			
■ \$25.00	Filing Fee	□ \$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) 	
	ailing Addres		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	porations		
Re Di P.0	gistration S	Section orporations 7	Registration Sec Division of Cor The Centre of T	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Huchro Technologies LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our a	records.)
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{471272023}{}$	and assigned
Florida document number L23000181486		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Casey Huchro LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio:	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		.,
Mailing address MAY BE A POST OFFICE BOX)		
		· 🙃
B. If amending the registered agent and/or registered office	address on our records,	enter the name of the new registere
agent and/or the new registered office address here:		
N CN D in Advance		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	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 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>	Name	Address	Type of Action
		 	🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
	-	·	☑Remove
			☐☐Change
			□Add
			Remove
			□ Change
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			Change
			🗆 Add
			Remove
			□ Change

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tive date, if other than t Tective date is listed, the date in If the date inserted in this		(option to of filing or more than 90 days after f	nal)
men seriective date on the	bepartment of State's records.		
ecord specifies a delay ne 90th day after the r	yed effective date, but not an ecord is filed.	effective time, at 12:01 a.	m. on the earlier
ed April 24	. 2024		
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