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COVER LETTER

TO: Registration Se Division of Cor				
	E HUB, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	SHANNON ANDREINI			
	 	Name of Person	.	
				pr. 9 . (5 a)
		E:/C	 	.25 .25
		Firm/Company		
	725 DUNLAWTON AVE	#291820		ال
		Address		a 1
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	PORT ORANGE, FL 3212			ယ ပါ
		City/State and Zip Code	1	
	shannon.andreini@yahoo.co		•	
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Shannon Andreini		386 341-1633		
Name o	of Person	at ()	: Telephone Number	_
Enclosed is a check for t	he following amount:		,	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
<u>Mailing Addre</u> Registration Division of O	Section	Street Address: Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	allahassee	
Tallahassee	FI 32314	2415 N. Monroe	Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OVERAGE HUB, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 05-17-2023	and assigned
Florida document number L23000243672		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GOVHUB DYNAMICS LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "I	
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
		SOC DATE
Enter new mailing address, if applicable:		Es J
(Mailing address MAY BE A POST OFFICE BOX)		35
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	Discr 1 for any Sir Col Man	as were
	City	Florida Zip Code
	Cità	Lip 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
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ote: If the date inserted in this block does not meet the applicable statutory filing req		
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. or	the earlier
The 90th day after the record is filed.		
ted,		
Signature of a member or authorized representative of a		