## L23000552243

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## **COVER LETTER**

TO:	Registration S Division of Co		سب رحق	
CHID II		TING LAND COMPANIES L	LC	• •
20031	.C1 •	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please :	return all correspo	ondence concerning this matter	to the following:	
		GREG S. OSWALT		
		-	Name of Person	
		GSOCPA LLC		
		<del>,</del> ,	Firm/Company	
		3999 COMMONS DRIVE	EW: STE E	
			Address	<del></del>
		DESTIN, FL 32541-8446		
			City/State and Zip Code	<del></del>
		GSOCPALLC@GMAIL.C	OM to be used for future annual report not	Continu
For furt	her information e	oncerning this matter, please c	•	meanony
GREG	OSWALT		850 654-9054	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>≡</b> \$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)
	Mailing Address Registration S Division of C	Section	Street Address: Registration Sc.	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HUNTING LAND COMPANIES LLC (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  $\underline{\hspace{0.2in}}$  12/15/2023 Florida document number L23000553243 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE HUNTING LAND GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of N	lew 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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Note: If th	e date inserted	e date must be speci in this block doe on the Departme	es not meet th	e applicable sta	of filing or more the tutory filing requ	ın 90 days after fi	ling.) Pursuant to 60 late will not be lis	05.0207 sted as
e record spe d is filed.	ecifies a delayed	d effective date, l	but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day aft	er the
Dated	2/	8	20	,24				
	,							

Typed or printed name of signee