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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	Holdings Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del> -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin Kline		
		Name of Person	<del></del>
	Hurricane Holdings Group	. LLC	
		Firm/Company	
	2346 NW 39th Ave		
		Address	
	Cape Coral, FL 33993		
	justinkline44@gmail.com	City/State and Zip Code	
		to be used for future annual report notification)	
For further information c	concerning this matter, please c	all:	
Justin Kline		315 761-5668	
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		2021 SEC
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed) Conditional copy is enclosed)	0.00 Fifting Feeth Prestitional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S	
i ananassec, i		Tallahassee, FL 32303	ano oro

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hurricane Holdings Group, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	any were filed on 9/13/2024	and assigned
lorida document number L24000400287		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )  . If amending the registered agent and/or registered officent and/or the new registered officent and/or the new registered officent.	ce address on our records, <u>ente</u>	SECRETATIVE of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	. <b>F</b>	lorida
<del></del>	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 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>	<u>Address</u>	Type of Action
MGR	Justin Kline	2346 NW 39th Ave	<b>=</b> Add
		Cape Coral, FL 33993	□ Remove
			☐ Change
			□Remove
			Change
		<del></del>	□Add
			SECRETA BAdd
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ffective date, if other than the date of fili an effective date is listed, the date must be specific a	ing:	of filing or more than 90 c	(optional) days after filing.) Pursuant to 605.02
lote: If the date inserted in this block does no	t meet the applicable st		
ocument's effective date on the Department of	1 State's records.		
record specifies a delayed effective date, but n	not an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th day after th
I is filed.	an encerve time, at	12.01 d.m. on the carr	ier on, (b) The 20th day after to
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ated 11/29/2021	······································		
	W/.		
· / /~	111/-		<u></u>
Signature of	a member of authorized r	epresentative of a membe	er

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Filing Fee: \$25.00