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COVER LETTER

	gistration So dision of Co				
SUBJECT:	Parnell Hu	inter LLC			
SUBJECT		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub-	omitted for filing.		
		ondence concerning this matter	-		
		Amanda Hunter			
			Name of Person	.	
			Firm/Company		
Address Tallahassee, FL 32308 City/State and Zip Code aphunter24@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amanda Hunter Name of Person Area Code \$13 599-7519 \\ Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$					
		Tallahassee, FL 32308			
		aphunter24@gmail.com	City/State and Zip Code		
For further in	iformation c			port notification)	
		•	813 599-	7519	
_	Nume of	f Person		Daytime Telepho	ne Number
Enclosed is a	check for th	ne following amount:			
№ \$25,00 F	iling 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)
Reg	ling Address gistration S ision of Co		•	<u>ress:</u> ion Section of Corporatior	ns
P.O	. Box 632 ahassee, F	7	The Cent	re of Tallahass Monroe Street,	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parnell Hunter LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	ability Company were filed on September 30, 2024 ar	
Florida document number 1.24000422898		
This amendment is submitted to amend the following:		
1. If amending name, enter the new name of the limited	liability company here:	
		20
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the ab	breviation "L L.C."
Enter new principal offices address, if applicable:	ہے۔ حود	007
Principal office address MUST BE A STREET ADDRESS	9	0
	2	AH .
		<u> </u>
Enter new mailing address, if applicable:		55 50 50 50 50 50 50 50 50 50 50 50 50 5
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off	See address on our resource outer the nam	a of the new weeks
gent and/or the new registered office address here:	ice address on our records, enter the nam	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	240	enp viene

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>	Address	Type of Action
AMBR	Amanda Flunter	2456 Sweet Valley Heights, Tallahassee, FL 32308	= Add
			□Remove
			□Change
	·		
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			⊡Add
		-	□Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (uptional) (an effective date is fissed, the date must be specific and counset be prior to date of filing or more than 90 days after filing.) Pursuant to 605 More; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste focument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after d is filed. Dated October 10 2024 Signature of a member or authorized representative of a member.					
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after dis filed. Dated October 10					
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Awanor ((01 a.m. on the earlier of: (b) The 90th day after the	ot an effective time, at	effective date, but no		
Signature of a member or authorized representative of a member		2024		etober 10	Octob
	esentative of a member	member or authorized r	Signature of a	A	_
Amanda Hunter					