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S. YOUNG

COVER LETTER

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SUBJECT	Heacock Pa	ayroll, LLC					
5055201	•	Name of Lin	nited Liability Company				
		Darrell L. Jensen					
	Name of Person						SI
		Heacock Payroll, LLC				90 90	E AE
			Firm/Company			ئىش را	TAR
		P.O. Box 7788				3 2	TATLAHASSEE, FLORIDA
•		-	Address			÷.	T S
		Sebring				50	(10)
		djensen@heacock.com	Name of Person yroll, LLC Firm/Company City/State and Zip Code acock.com E-mail address: (to be used for future annual report notification) matter, please call: 863 385-5171				
		E-mail address: (to be used for future annual	report notification)			
For further	information c	oncerning this matter, please c	all:				
Darrell L. I	ensen			5-5171			
•	Name o	f Person		Daytime Telepho	one Number	_	
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of S Certified Copy	Status &	
		ING ADDRESS: ration Section		T/COURIER ADI	DRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Heacock Payroll, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 09/23/2002	and assigned
This amendment is submitted to amend the following:		
-		
A. If amending name, <u>enter the new name of the limited lial</u>	ouity company nere:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	LC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	32313 Broadway St. Suite 10	
Principal office address MUST BE A STREET ADDRESS)	Sebring, FL 33870	1 0000
	CONTRACTOR SALES	P Ma
Enter new mailing address, if applicable:	P.O. Box 7788	4 h: 50
Mailing address MAY BE A POST OFFICE BOX)	Sebring, FL 33872	
3. If amending the registered agent and/or registered of the new registered office address here. Name of New Registered Agent: Darrell L. Jens	<u>re</u> :	ds, enter the name of the
21212 D	ay St. Suite 101	
New Registered Office Address: 31213 Broadw	Enter Florida street addr	ress
Sebring	ŗ.	Florida <u>33870</u>
	City .	Zip Code

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, Standard 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>	<u>Name</u>	<u>Address</u>	Type of Action
TREA	James W. Taveniere	1105 US Hwy 27 N.	
		Sebring, FL 33870	□ Remove
			□ Change
TREA	Darrell L. Jensen	32313 Broadway St. Suite 101	⊟ Add
		Sebring, FL 33870	□ Remo <u>ve</u>
			56 PAR
PRES	Heather Harshman	32313 Broadway St. Suite 101	T-3 add
		Sebring, FL 33870	Rejijove
			Change
			Remove
			☐ Change
			Add
		-	□ Remove
			□ Change
			□ Add
			☐ Remove
			Change

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(If an ef Note:	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	er of:
Dated	Sept 27, 2016.	
	Signature of a member or authorized representative of a member	
	2.6-mar. 2. 2 man. 2. 2 man. 2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00