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**EXAMINER** 

## COVER LETTER \_\_\_

10:	Division of Corpo			
CHD1	JECT:	S & S HICKOR	Y PROPERTIES, LLC	
3010	EC1:		ited Liability Company	
			at the second	
The er	nclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please	e return all correspond	dence concerning this matter	to the following:	
			THOMAS R SCHILLI	
			Name of Person	<del></del>
	S & S HICKORY PROPERTIES, LLC			
			Firm/Company	<del></del>
		27524 HICKORY BLVD.		
			Address	
		BONI	TA SPRINGS, FL 34134	
		OCU!	City/State and Zip Code	
		E-mail address: (	LIFORD@SCHILLI.COM to be used for future annual report notifica	tion)
For fu	orther information con	cerning this matter, please of	call:	TA.S.
		ILLIFORD, SR.		101 EXT 350 AR D
	Name of P	erson	Area Code & Daytime T	elephone Number ASSEE 07
Enclos	sed is a check for the	following amount:		E E E
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Service of Stratus & Certificate of Stratus & Certified Copy (additional copy is enclosed)
•	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COURIEN Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & S HICKORY PROPERTIES, LLC

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp  Florida document numberL0300056550	any were filed on <u>DECEMBER</u>	29, 2003 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Company," the desig	mation "LEOF or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	SO SO SOMEON
(Principal office address MUST BE A STREET ADDRESS	2	
•		- S I A I
Enter new mailing address, if applicable:	S & S HICKORY PROP	ERTIES CLC=
(Mailing address MAY BE A POST OFFICE BOX)	P. O. BOX 351	
	REMINGTON, IN 4797	7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.  Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	reet address	
	. Flo	rida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** Name **MGRM** THOMAS R SCHILLI ☐ Add 27524 HICKORY BLVD ✓ Remove BONITA SPRINGS, FL 34134 MGRM **GEORGE SIEFERT** 5751 MARIMIN DRIVE ✓ Remove BONITA SPRINGS, FL MGRM. DOUGLAS GRANT 207 BAY FRONT DRIVE ☐ Add BONITA SPRINGS Ft 34134 √ Remove THOMAS R SCHILLI MGR **✓** Add 27524 HICKORY BLVD. Remove 34134 BONITA SPRINGS, FL. 0 Remov D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) On February 28, 2009, Douglas M Grant and Bonnie Grant sold their forty-one percent interest of S & S Hickory Properties, LLC to Schilli Leasing, Inc. for an undisclosed amount. All other members percent of ownership remained the same. November 30 2010 Dated Signature of a member or authorized representative of a member THOMAS R SCHILLI Typed or printed name of signee

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Filing Fee: \$25.00