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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Sasmoss Zhw, Name)
(Document Number)
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S. WARREN 0CT 0 6 2017

COVER LETTER

Division of Corporations		
SUBJECT: Hendrix	Smith + Kirb- Name of Limited Liability Company	LLC
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conc	erning this matter to the following:	
	Michael Ba	
	Hendrix Sm. 7h + Firm Company	Kirby LLC
	152 SE Defender Address	Dr
	Lake City FL 32 City/State and Zip C	025 ode
	ALFMAN 101 @ Yahq E-mail address: (to be used for future and	2.COM nual report notification)
For further information concerning th	is matter, please call:	
Michael Bay	at (<u>386</u>) Area Code	623-3606
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following	amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Certi	Filing Fee & S55.00 Filing F Certified Copy (additional copy i	y Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hendrix	Smith + Kirby LL	.C
(A)	Liability Company as it now appears on our re Florida Limited Liability Company)	corus.)
The Articles of Organization for this Limited Liab	sility Company were filed on $12/30$	2003 and assigned
Florida document number <u>L 03000573</u>	00	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	ON)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the region company has been notified in writing of this change in the chang	and complete performance of my duties wed agent as provided for in Chapter 6 gistered office address, I hereby confirn	s, and I am familiar with and 05, F.S. Or, if this document is a that the limited liability

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>	Name	<u>Address</u>	Type of Action
MGR	Sorensen + Smith LLC	1478W Summers Lane, Lakeci	17 3 Add 32025
			□ Remove
			☐ Change
			□ Add
			□ Remove
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		FLOR	Paris
		DA	<u> </u>

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
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<u>Note:</u> docun	ive date, if other than the date of filing:	l as the
Dated		
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	Michael Bay Typed or printed name of signee	ਸ ====================================
	Page 3 of 3	

Filing Fee: \$25.00