

LA3000057300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

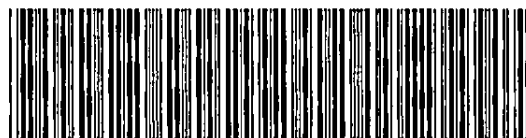
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200304083532

200304083532
10/05/17--01017--007 **25.00

FILED
17 OCT -5 PM 2:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hendrix, Smith, + Kirby LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bay
Name of Person

Hendrix Smith + Kirby LLC
Firm/Company

152 SE Defender Dr
Address

Lake City FL 32025
City/State and Zip Code

ALFMAN101@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bay at (386) 623-3606
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

Hendrix, Smith, + Kirby, LLC

FILED
OCT -5 PM 2:11
REGISTERED AGENT
STATE
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/2/17 _____, _____

Michael Bay
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Michael Bay
Typed or printed name

Typed or printed name of signee

FILED
17 OCT -5 PM 2:11
CLERK OF STATE
TALLAHASSEE, FLORIDA