

L030000 S7300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

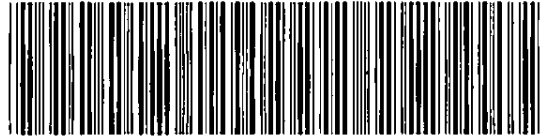
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700434921837

08/20/24--01010--021 **60.00

FILED
2024 AUG 20 PM 4:39
SECRETARY OF STATE
TOLSON SEC. 111

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 Drive

Address

Lake City, FL 32025

City/State and Zip Code

ALFMANT01@YAHOO.COM

E-mail address: (to be used for future annual report notification)

FILED
2024 AUG 20 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

michael bay

386 623-3606

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

HENDRIX, SMITH, & KIRBY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/31/2003 and assigned
Florida document number 1.03000057300.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MICHAEL BAY

New Registered Office Address:

152 SE DEFENDER DRIVE

Enter Florida street address

LAKE CITY

City

Florida 32025

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 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, Signature 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>	<u>Type of Action</u>
MGRM	JENNIFER J SMITH		<input type="checkbox"/> Add
		152 SE DEFENDER DRIVE LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GERALD M SMITH, Jr		<input type="checkbox"/> Add
		147 SW Grand Magnolia Glen, AKE CITY, FL 32024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SORENSEN & SMITH LLC		<input type="checkbox"/> Add
		147 SW Summers Ln, LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL
2024 JUN 20 PM 4:39

FILED

2024 AUG 20 11 41 AM
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2024 AUG 20 PM 4:39

7
—
—
—
—
—

(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)

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 8/16/24 :

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 of signee

Filing Fee: \$25.00