

W5000019544

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2013
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JEFFREY HEACOCK PROPERTIES 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:

TRACEY C. HIGGINBOTHAM

Name of Person

HIGGINBOTHAM COMPANIES INC.

Firm/Company

3790 N. U.S. 1

Address

COCOA, FL. 32926

City/State and Zip Code

TCHTAXMAN@YAHOO.COM

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

For further information concerning this matter, please call:

TRACEY C. HIGGINBOTHAM at **321 632-5726**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 2018 OCT 21 PM 12:35
 TALLAHASSEE FLORIDA
 CLERK OF SUPERIOR COURT

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

JEFFREY HEACOCK PROPERTIES 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 02/25/2005 and assigned Florida document number L05000019544.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JEFFREY A. HEACOCK PROPERTIES LLC

The new name must be distinguishable and end with 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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2019 OCT 21 PM 12:35
SECRET
FLORIDA

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:

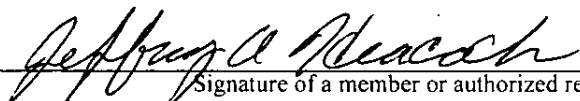
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 2003 OCT 21 PM 12:39
 COUNTY OF ST. LUCIE
 REGISTRATION SECTION
 FLORIDA

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

Dated OCT. 10, 2013.


Signature of a member or authorized representative of a member
JEFFREY A. HEACOCK MANAGING MEMBER
Typed or printed name of signee

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2013 OCT 21 PM 12:35
CLERK OF STATE
TALLAHASSEE FLORIDA