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G. MCLEOD

APR 1 0 2008

EXAMINER

COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	CT:	Higgins Family Enterprises LLC		
		(Name of Limited Liability Company)		
The enc		mendment and fee(s) are submitted for filing.		
Please r	eturn all correspon	lence concerning this matter to the following:		
		Robert H. Waltuch		
		(Name of Person)		
		FOWLER WHITE BOGGS BANKER		
(Firm/Company)				
	501 E. Kennedy Blvd., Suite 1700			
		(Address)		
4		Tampa, FL 33602		
		(City/State and Zip Code)		
For furt	her information co	cerning this matter, please call:		
	Elizabeth To	at(813) 222-2088		
	(Name of	Person) (Area Code & Daytime Telephone Number)	,	
Enclose	d is a check for the	following amount:		
X \$25.	00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy (a	atus &	
	Registrat	G ADDRESS: on Section of Corporations 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HIGGINS FAMILY ENTERPRISES 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 February 6, 2007 _____ and assigned

Florida document number _L07000013219 _____.

This amendment is submitted to amend the following:

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

B HIGGINS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

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.

(City)

(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

	<u>Name</u>	Address	Type of Action
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			
			
ated <u>Fe</u>	b. 29, 2	2008 12 II	

Page 2 of 2

Filing Fee: \$25.00