

LD8000102990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

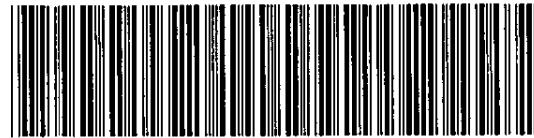
(Business Entity Name)

(Document Number)

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2015 JUN -5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Gifford JUN - 8 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NIX & CO 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:

MARCUS SILLS

Name of Person

THOMAS C. SANTORO PA

Firm/Company

1700 WELLS ROAD SUITE 5

Address

ORANGE PARK, FL 32073

City/State and Zip Code

annette@santoro-law.com

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

For further information concerning this matter, please call:

Thomas C. Santoro

904

278-8713

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 JUN -5 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIX & CO 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 11/03/2008 and assigned
Florida document number L08000102990

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:

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 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>
MGR	MARCUS TODD SILLS	8467 NOROAD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIELLE SILLS MCBEE	496 GUILFORD CIRCLE	<input checked="" type="checkbox"/> Add
		MARIETTA, GA 30068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MILTON T. SILLS	8425 NOROAD	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<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

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

EXISTING MGR IS DECEASED THE NEW MANAGER'S ARE THE SON AND DAUGHTER OF THE
DECEASED. THE SON IS THE PERSONAL REPRESENTATIVE OF THE ESTATE AUTHORIZED TO
DISTRIBUTE THE ASSETS OF THE DECEDENT. THE PERSONAL REPRESENTATIVE HAS
DISTRIBUTED ONE HALF OWNERSHIP OF NIX & CO LLC TO DECEDENTS DAUGHTER, DANIELLE
SILLS MCBEE AND ONE HALF TO THE DECEDENTS SON, MARCUS TODD SILLS. PLEASE SEE
ATTACHED LETTERS OF ADMINISTRATION.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 June 3, 2015

Marcus Todd Sills as personal representative
Signature of a member or authorized representative of a member

Marcus Todd Sills as personal representative
Typed or printed name of signee

IN THE CIRCUIT COURT FOR DUVAL COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

MILTON THADDEUS SILLS

Deceased.

File No. **16-2015-CP-1039**

Division **PR-A**

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Milton Thaddeus Sills, a resident of Duval County, Florida, died on April 16, 2015, owning assets in the State of Florida, and

WHEREAS, Marcus Todd Sills has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Marcus Todd Sills duly qualified under the laws of the State of Florida to act as personal representative of the estate of Milton Thaddeus Sills, deceased, with full power to administer the estate according to law: to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on _____, 2015.

ORDER ENTERED
MAY 05 2015

Circuit Judge **/s/ Peter L. Dearing**