

LO9000000606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

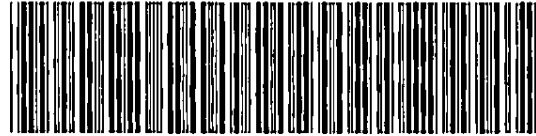
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**DANIEL HICKS, P.A.**

DANIEL HICKS, ESQUIRE

ATTORNEY AT LAW  
421 S. PINE AVENUE  
OCALA, FLORIDA 34471  
TEL. (352) 351-3353  
FAX (352) 351-8054  
E-Mail: weclose1@danielhickspa.com

REAL PROPERTY:  
SHEILA HOWARD, L.A.

December 20, 2017

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Hutch Roberts, LLC - Name Change and New Filing  
Document Number: L09000000606

Dear Sir:

Enclosed for filing are two sets of documents as follows:

- 1) Enclosed is the original Articles of Amendment to Articles of Organization for filing on behalf of the above referenced corporation. By this amendment, the existing business known as Hutch Roberts, LLC is changing its name to Classic Squeegee, LLC;
- 2) Enclosed is the original Articles of Organization for a new Florida LLC to be known as Hutch Roberts, LLC.
- 3) Also enclosed is our check in the total amount of \$150.00 made payable to the Florida Department of State to cover the filing fees for these documents.

By way of explanation, my client William Roberts is the individual/principal of these entities. It is our goal to first change the name of the existing Hutch Roberts, LLC to Classic Squeegee, LLC, thereby freeing up the existing LLC name for the new entity.

Please return all correspondence concerning this matter to the following:

Daniel Hicks, P.A.  
421 S. Pine Avenue  
Ocala, Florida 34471

For further information concerning this matter, please contact the undersigned. Thank you.

Sincerely,

DANIEL HICKS, P.A.

BY: 

Daniel Hicks, Esquire

DH/bls  
Enclosures (as stated)

1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HUTCH ROBERTS, 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:

Daniel Hicks, Esquire

Name of Person

Daniel Hicks, P.A.

Firm/Company

421 S. Pine Avenue

Address

Ocala, Florida 34471

City/State and Zip Code

weclose2@danielhickspa.com

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

For further information concerning this matter, please call:

Daniel Hicks, Esquire

352

351-3353

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

HUTCH ROBERTS, LLC

Page 1 of 3

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>
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INFORMATION

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**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.

Dated December 20, 2017

*William H. Robertson*  
Signature of a member or authorized representative

WILLIAM H. ROBERTS, III

Typed or printed name of signee