

LO9000000606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

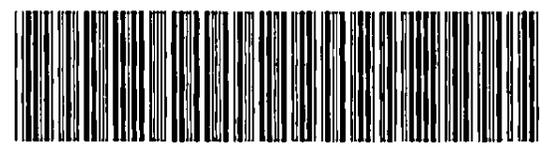
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DEC 20 2017
SNOWENS C

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.

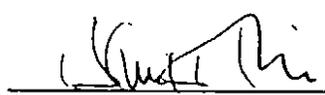
Please return all correspondence concerning this matter to the following:

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)

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

HUTCH ROBERTS, 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 January 05, 2009 and assigned Florida document number L09000000606.

This amendment is submitted to amend the following:

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

CLASSIC SQUEEGEE, LLC

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

17 DEC 22 10:12:26
STATE OF FLORIDA
TALLAHASSEE

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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MILLERSPORT, OHIO

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

Multiple horizontal lines for amending information.

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F L 10
INFORMATION

E. Effective date, if other than the date of filing: JANUARY 01, 2018 (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 December 20, 2017

William H. Roberts, III

Signature of a member or authorized representative of a member

WILLIAM H. ROBERTS, III

Typed or printed name of signee