

LO9000025363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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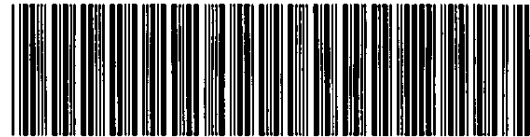
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Without Jesus I Suck, 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:

Maurice Hicks Jr
Name of Person
Without Jesus I Suck, LLC
Firm/Company
1592 Saddlebrook Ln
Address
Jacksonville, FL 32221
City/State and Zip Code
maurice.hicks@withoutjesusisuck.com
E-mail address: (to be used for future annual report notification)

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14 AUG 18 12:16:36
TALLAHASSEE, FL
SECRETARY OF STATE

For further information concerning this matter, please call:

Maurice Hicks Jr at (850) 210-8136
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**

Without Jesus I Suck, 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 3/16/09 and assigned
Florida document number LD9000025363

This amendment is submitted to amend the following:

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

Without Jesus I Suck, 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)

1592 Saddlebrook Ln

Jacksonville, FL 32221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1592 Saddlebrook Ln

Jacksonville, FL 32221

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:

Maurice Hicks Jr

New Registered Office Address:

1592 Saddlebrook Ln

Enter Florida street address

Jacksonville

City

Florida

32221

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.

X
[Signature]
If Changing Registered Agent, Signature of New Registered Agent

FILED
MAR 16 2009
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGMR	Lisa Fields	10905 Lydia Estates Dr	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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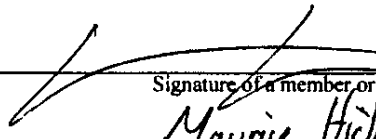
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Lisa Fields as agent and managing
member. Change all addresses on file to
1592 Saddlebrook Ln. Jacksonville, FL 32221

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 24, 2014.

X


Signature of a member or authorized representative of a member
Maurice Hicks

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 AUG 18 PM 4:34
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TALLAHASSEE, FLORIDA