

LI 0000 29143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

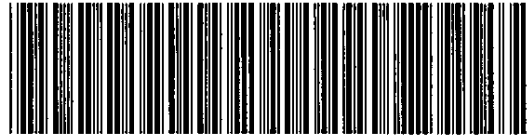
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500255135295

01/06/14--01038--027 **25.00

FILED
14 AUG 28 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/14
210 8/14

123

Higgins Law, LLC
213 Avenue D SW
Winter Haven, FL 33880-3042
Phone (863) 325-0343
E-mail: debhiggins33880@gmail.com
Fax 240-206-4624

August 22, 2014

Justin Schiver
Division of Corporations
Corporate Filings
P O Box 6327
Tallahassee, FL 32314

Doc L11000029143
Amend company name

Dear Mr. Schiver:

In January, 2014, I filed an amendment to my LLC named Law Office of Deborah J Higgins, LLC to change the name to Higgins Law, LLC but it was never changed in the state records. I called today and was informed that the state received the money but I had not signed the last page of the amendment and now can't locate it, so I have downloaded another one and completed and signed it this time and am sending it with this fax in the hopes that you can therefore complete the name change for me. I will send another copy of these by snail mail in case a faxed copy doesn't suffice.

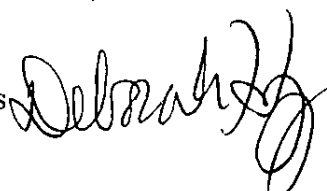
I see that there was another company called Higgins Law, LLC in Florida and this company is unrelated to me, but it is now expired or inactive, so hopefully this does not interfere with my plan to change my company name. Hopefully I won't hear any complaints directed toward me that arose from the company with the same name, but that is a chance I'm willing to take.

Thank you for your kind attention to the name change enclosed.

Sincerely yours,

/s/ Deborah Higgins

Deborah Higgins

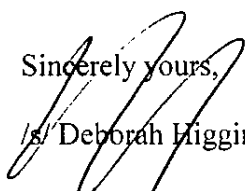


Enc.: Amendment

Sincerely yours,

/s/ Deborah Higgins

Deborah Higgins



P.S. I will be on vacation Aug 24-30 & out of the office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Higgins Law, LLC → Law Office of Deborah J. Higgins 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:

Deborah Higgins
Name of Person
Higgins Law, LLC
Firm/Company
213 Ave D SW
Address
Winter Haven, FL 33880
City/State and Zip Code
debhiggins33880@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 28 PM 4:49

FILED

For further information concerning this matter, please call:

Deborah Higgins at (863) 325-0343
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

Law Office of Deborah J Higgins, 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 3.9.11 and assigned
Florida document number L11000029143

This amendment is submitted to amend the following:

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

Higgins Law, 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:

unchanged

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

unchanged

(Mailing address MAY BE A POST OFFICE BOX)

FILED
14 AUG 28 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

unchanged

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 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>
	unchanged	unchanged	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 AUG 28 PM 4:49
 SECRETARY OF STATE
 ALACHUA COUNTY, FLORIDA

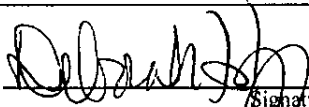
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

only change is name of LLC

E. Effective date, if other than the date of filing: 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 August 22, 2014



Signature of a member or authorized representative of a member

Deborah Higgins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 AUG 28 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA