

L12000134619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

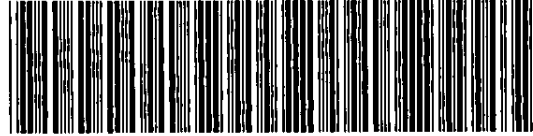
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600267127316

12/10/14--01019--008 **60.00

FILED

2014 DEC 10 AM 11:10

W. G. G. DEC 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hicktown USA, 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:

Charles L. Jaffee

Name of Person

Charles L. Jaffee, P.A.

Firm/Company

7301A W Palmetto Park Road, Ste. 305C

Address

Boca Raton, Fl 33433

City/State and Zip Code

cjaffee@charlesjaffeepa.com/chuck12283@aol.com

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

For further information concerning this matter, please call:

Charles Jaffee

Name of Person

at (561)

Area Code

416-7400

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

FILED
2014 DEC 10 AM 11:10
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

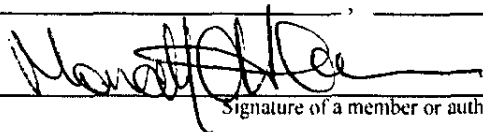
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/ AMBR	Cleve E. Mash	4161 Hickory Drive	<input type="checkbox"/> Add
		Palm Beach Gardens, Fl	<input checked="" type="checkbox"/> Remove
MGR	Mona Y.A. Khorozian	6 Crescent Way	<input checked="" type="checkbox"/> Add
		Fort Lee, New Jersey 07024	<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

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

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 _____



Signature of a member or authorized representative of a member

MONA Y. A. KHOROZIAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 DEC 10 AM 11:10
TALLAHASSEE, FLORIDA