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FEB 23 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: HIC	KS BUST/ Name of Limit	VE55 HOIDTAL ted Liability Company	<u>4, CCC</u> .
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.	
Please return all correspondence	concerning this matter t	o the following:	
	DARYL	G. Hicks Name of Person	
	HICKS	BUSINESS Firm/Company	HOIDING, LCC.
_	189 M	AGNETA LOOP	<u> </u>
	AUBURN LW2FLY E-mail address: (1)	City/State and Zip Code CTAMPABAY. 6 o be used for future annual report notif	24 33823 2R. Com-
For further information concern			
DARYL G. HIC Name of Person	ks	at (863) 286- Area Code Daytime	Telephone Number
Enclosed is a check for the follo	wing 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

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

HICKS BUST	NESS HOIDE	765, L	LC.
(A Flor	oility Company as it now appeared a Limited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liability Florida document number <u>LJG00014458</u>		9/16/20	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
# LEGACY Bus	JINESS BRO	KERS, L	
The new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		50 6 m
(Principal office address MUST BE A STREET AD	DRESS)		SEB 2:
Enter new mailing address, if applicable:			SEE FIS
(Mailing address MAY BE A POST OFFICE BOX)			92 38 92 38
			000
B. If amending the registered agent and/or registered agent and/or the new registered office a		n our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	·		
New Registered Office Address:	Enter Flo	orida street address	
		, Florid	la
	City	, - 1011	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 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> Type of Action ☐ Add ☐ Remove ☐ Change □ Add □ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change

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Note: If the date inserte	than the date of filing: the date must be specific and co d in this block does not me e on the Department of Sta	et the applicable statu	(op filing or more than 90 days at atory filing requirements, t	otional) der filing.) Pursuant to 605.0207 his date will not be listed as
The 90th day afte	r the record is filed.	te, but not an eff	ective time, at 12:03	La.m. on the earlier of
Dated 211	TEBLARY 16,	2016.		
		1 K		
			resentative of a member	

Page 3 of 3

Filing Fee: \$25.00