

L14000194094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

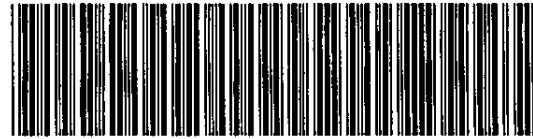
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hipp & Sons Lawn Service, 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:

Elias Hipp
Name of Person

Firm/Company

12901 Cynthia Lane
Address

CLERMONT, FL. 34715
City/State and Zip Code

EliHipp3@Aim.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elias Hipp at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

Hipp & Sons Lawn Service, 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 12/22/2014 and assigned Florida document number L14000194094.

This amendment is submitted to amend the following:

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

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)

12901 Cynthia Lane
Clermont, FL 34715

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:

ELIAS Hipp

New Registered Office Address:

12901 Cynthia Lane

Enter Florida street address

Clermont

City

Florida

34715

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.

EL Hipp

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>	<u>Type of Action</u>
AMBR	HERSHEL Hipp	12901 Cynthia Lane	<input type="checkbox"/> Add
		Clermont, FL. 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERSHEL Hipp	12901 Cynthia Lane	<input type="checkbox"/> Add
		Clermont, FL. 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peggy D. Hipp	12901 Cynthia Lane	<input type="checkbox"/> Add
		Clermont, FL. 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peggy D Hipp	12901 Cynthia Lane	<input type="checkbox"/> Add
		Clermont FL. 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elvis Hipp	12901 Cynthia Lane	<input checked="" type="checkbox"/> Add
		Clermont, FL. 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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(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)

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TALLAHASSEE, FLORIDA

Dated 12th 20-2016, _____.

Σελ. 127π

Signature of a member or authorized representative of a member

Elias Hipp

Typed or printed name of signee