

L150000 11724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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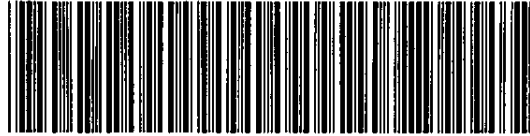
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers FEB 12 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DVICKERS ENTERPRISES, 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:

Larry Dwight Vickers
Name of Person

DVICKERS ENTERPRISES, LLC.
Firm/Company

801 Circle Drive
Address

Havana FL 32333
City/State and Zip Code

dwrightv2@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Dwight Vickers at (850) 544-6805
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

TO
ARTICLES OF ORGANIZATION
OF

DVICKERS ENTERPRISES, 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 1/20/15 and assigned Florida document number L15000011324.

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 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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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9

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

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>
<u>AR</u>	<u>Brooke M. Vickers</u>	<u>801 Circle Dr</u>	<input type="checkbox"/> Add
		<u>HAVANA FL 32333</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Larry D. Vickers</u>	<u>801 Circle Dr</u>	<input checked="" type="checkbox"/> Add
		<u>HAVANA FL 32333</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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STATE OF FLORIDA
ALL APPLICANTS MUST
APPEAR IN PERSON

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 Feb. 1, 2015.

Brooke Vickers

Signature of a member or authorized representative of a member

Brooke Vickers

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

11 FEB 19
15 FEB - 4 AM 11:19
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TALLAHASSEE, FLORIDA