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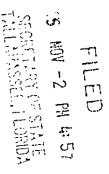
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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S. YOUNG

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations			
	Higgys Pro	perties LLC			
SUBJECT:		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	_		
Please return	all correspo	ndence concerning this matter	to the following:		
		Stuart Banks			
			Name of Person		
		Higgy Properties LLC	•		
			Firm/Company	······································	
		1591 Hayley LN		इस छ	
			Address	三百 百	
		Fort Myers, FL 33907		1537 - 2 1537 - 2	, [
		sbanks8911@hotmail.com	City/State and Zip Code		2 C
Paul Carolina in	· 6		to be used for future annual report notif	ication)	, ,
Stuart Banks		oncerning this matter, please c	239 464 8331		
		f Person	at ()	e Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Cet Tallahassee, FL 32	n àtions nter Circle	

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

Higgys Properties LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 4/20/15 and assigned
Florida document number L15000068758	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Higgy Properties LLC	
The new name must be distinguishable and contain the words "Limited Liab	sility 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)	AS S
Trincipal office dadress MOST BE A STREET ADDRESS	보려 5 기
	we will be a second of the sec
	SSEE -2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	ort r
	57 57 ST
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	office address on our records, <u>enter the name of the</u> <u>re</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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>	Address	Type of Action
			Add
			Remove
	•		
			Add
			Remove
			Change
			Add Add
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ective date, if other than the date of filing:	(optional)
	to date of filing or more than 90 days after filing.) Pursuant to 605.02 able statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
	t an effective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
, October 30, 2015	
ted,	 ·
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Signature of a member or author	orized representative of a member

Page 3 of 3

Filing Fee: \$25.00