L15000139229

(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

100284986721

04/26/16--01028--004 **30.00

2016 APR 18 PM 12:49

FILED

2016 AUG 16 A 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2016

BRUCE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

RONALD R HIGGINS
5041 W ROLLING VIEW PL
LECANTO, FL 34461

SUBJECT: HIGGINS CRACKER HOMES, LLC
Ref. Number: L15000139229

We have received your document for HIGGINS CRACKER HOMES, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LLC voluntarily dissoved. File revocation of disslution to re-activate the LLC.

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of $100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A00011826

FILED
2016 AUG 16 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUN -3 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

April 26, 2016

RONALD R. HIGGINS
5041 W ROLLING VIEW PL
LECANTO, FL 34461

SUBJECT: HIGGINS CRACKER HOMES, LLC
Ref. Number: L15000139229

We have received your document for HIGGINS CRACKER HOMES, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Company voluntarily dissolved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 116A00008610

FILED
2016 AUG 16 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HIGGINS Cracker Homes L.L.C
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:

Ronald R. Higgins
Name of Person

HIGGINS DEVELOPMENT LLC
Firm/Company

5041 W. Rolling View PL.
Address

Lecanto FL 34461
City/State and Zip Code

ronhiggins phd@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2016 AUG 16 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ronald Higgins at (352) 746-2873
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HIGGINS Cracker Homes, 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 8-14-2015 and assigned Florida document number L15000139229.

This amendment is submitted to amend the following:

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

HIGGINS DEVELOPMENT LLC.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2016 AUG 16 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: RONALD HIGGINS

New Registered Office Address: 5041 W. Rolling View PL.
Enter Florida street address

Lecanto, **Florida** 34461
City *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.

Ronald Higgins

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

Title	Name	Address	Type of Action
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

FILED
AUG 16 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2016 AUG 16 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ ***(optional)***

(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 4-14, 2016.

Ronald Higgins
Signature of a member or authorized representative of a member

Ronald HIGGINS
Typed or printed name of signee

Filing Fee: $25.00