116000025383

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2016 SEP 10 PH 2: 67 SEP 10 PH 2: 67

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COVER LETTER

Division of Corp	orations				
	HICKIES 441, LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	CHRISTINA ADAIR				
		Name of Person			
		Firm/Company			
	6027 SW 54TH STREET, SUITE 201				
		Address			
	OCALA, FL 34474				
		City/State and Zip Code			
	E-mail address: (0	o be used for future annual report notific	cation)		
For further information co	ncerning this matter, please co	all:	TALE	2018	حيناء
CHRISTINA ADAIR		352 208-2770 at ()		SEP	
Name of	Person	Area Code Daytime	Telephone Number	10 PM	-
Enclosed is a check for the	following amount:			(3) (3)	* (-
\$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)	d: I	. •

MAILING ADDRESS: Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327 Tailahassee, 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

PEACHY CHICKIES 441, 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 February 5, 2016 and assigned Florida document number _ L16000025383 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) 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

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>	Name	Address	Type of Action	
MGR	Christine Harper	6027 SW 54th Street, Suite 201 Ocala, FL 34474	Add	
			■ Remove	
MGR	Christina Adair	6027 SW 54th Street, Suite 201 Ocala, FL 34474		
			□ Remove	
			☐ Change	
MGR Christina Adair		Remove		
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E. Effective date, if other than the date of filing:	(optional)
(II an effective date is listed, the date must be specific and canno	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)
document's effective date on the Department of State's	ne applicable statutory filing requirements, this date will not be listed as the records.
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If the record energiac a delayed effective date	but not an effective time, at 12:01 a.m. on the earlier of
(b) The 90th day after the secord is filed.	bot not on encedve time, at 12.01 a.m. on the earlier or
0/20/10	
5/(8) 8 20	18
Dated	
	1 (la llis
Signature of a member	er or authorized representative of a member
CHRISTINA ADAIR, FIKIA CHRISTINE	
Туре	d or printed name of signee

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

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C) 1/2	& .)
E. Effective date, if other than the date of filing:	207 (3) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated Si/Z 8 2018 Signature of a member or authorized representative of a member	
CURISTING ADAIR FINA CHRISTINE HARRER	

Page 3 of 3

Typed or printed name of signee

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