1/6000046581

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER APR - 1



March 16, 2016

WILLIAMDICKEY LLC WILLIAM DICKEY 1161 MINERVA AVE. JACKSONVILLE, FL 32207

SUBJECT: WILLIAMDICKEY LLC Ref. Number: L16000046581

We have received your document for WILLIAMDICKEY LLC, however, uponreceipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00005480

COVER LETTER

Di	vision of Corp	porations		
SUBJECT:	williamdick	ey Ilc		
		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
	•	y	3	
		william dickey		
		, <u>, , , , , , , , , , , , , , , , , , </u>	Name of Person	
	•	williamdickey Ilc		
			Firm/Company	
		1161 minerva ave		
			Address	
		jacksonville fl 32207		
			City/State and Zip Code	
		handymanscott@live.com		
		E-mail address: (1	to be used for future annual report n	otification)
For further	information co	oncerning this matter, please ca	all:	
scott dickey	y		904 9949729 at ()	
	Name of	Person		ime Telephone Number
Enclosed is	a check for th	e 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

TO:

Registration Section

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

1	KED
2016 MARY O	LU
2016 MAR 2	8 Fr. 3: 0

williamdickey Ilc

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Limited Liability Company)	OCE. FLORING
The Articles of Organization for this Limited	Liability Company were filed on 03072	
Florida document number L16000046581	······································	
This amendment is submitted to amend the fol	llowing:	
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 design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		or records, enter the name of the
Name of New Registered Agent:	william reid dickey	
New Registered Office Address:	1161 minerva ave	
		street address
	jacksonville	, Florida 32207
	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.

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
ambr	william reid dickey	1161 minerva ave jacksonville fl 32	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Au Ochange
			ಶ್ರಸ್ತ್ರ ಹ
			Remove Change
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(If an effective Notes If	re date, if other than the date of filing:
	nt's effective date on the Department of State's records.
Tf the week	and anadising a delayed effective data, but not an effective time, at 12,01 a.m. on the earlier of
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	3 11 2016
0	
Dated _	A to the second
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00