

6000126044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP ☐ WAIT ☐ MAIL

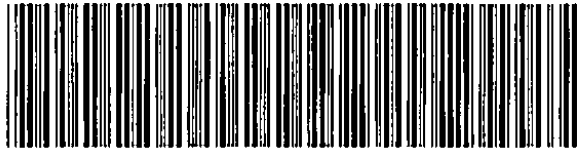
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AFFAIRS
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HESSKIP, LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

All correspondence concerning this matter to the following:

Kenneth M. Hesser

Name of Person

H

Firm/Company

9115 SW 49th Place

Address

Gainesville, FL 32608

City/State and Zip Code

Ken @ HKLawFL.com

E-mail address: (to be used for future annual report notification)

Information concerning this matter, please call:

Walter Kipke

Name of Person

at (352) 494-3255

Area Code

Daytime Telephone Number

Check for the following amount:

Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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If Changing Registered Agent, Signature of New Registered Agent

anager
Authorized Member

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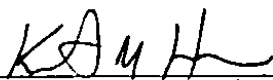
ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

date, if other than the date of filing: _____ (optional)

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

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

1/8 . ~~3/10~~ 2020



Signature of a member or authorized representative of a member

Kenneth M. Hesser

Typed or printed name of signee