## 6000126044

	(Requestor's Name)
_	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
oies	Certificates of Status
structions	s to Filing Officer:

Office Use Only



900339007719

31.410 (20 - + 31612-+-0a) - ★★30,00

2020 JAN 10 PM 2:

HANSION OF CLASSICAL TO

Mi Lind.

01/16/20

	HESSKIP, LL Name of Limi	Cited Liability Company	
articles of a	Amendment and fee(s) are sub-	mitted for filing.	
ll correspoi	ndence concerning this matter	to the following:	
	Kenne	Name of Person	
	42		
		Firm/Company	
	9/15 SW	49th Place	
	Ken Dil	City/State and Zip Code  HKlawfl, Com to be used for future annual report noting	fication)
rmation co	oncerning this matter, please ca	all:	
Name of	Kroke Person	at ( <b>352</b> ) 494- Area Code Daytime	3 2 5 5 e Telephone Number
heck for th	ne following amount:		
ing 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)

ng Address:

stration Section sion of Corporations Box 6327 shassee, FL 32314 Street Address:

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

## TO ARTICLES OF ORGANIZATION OF

2020	AN CHARLES
Ů,	AN 10 19 1/4
	PHO
	``O <sub>C</sub>

HESSKIP,	LLC		72.00
(Name of the Limited Liability Compani (A Florida Limited Li	iy as it now appears or iability Company)	n our records.)	<u> </u>
of Organization for this Limited Liability Company of the number <u>L1600(26044</u> .	were filed on	1/1/2016	and assigned
nent is submitted to amend the following:			
ing name, enter the new name of the limited liabil  HESSER & KIPKE, I  must be distinguishable and contain the words "Limited Babili			previation "L.L.C."
rincipal offices address, if applicable:		<u></u>	
fice address MUST BE A STREET ADDRESS)			
nailing address, if applicable:  Iress MAY BE A POST OFFICE BOX)  ing the registered agent and/or registered office act the new registered office address here:  me of New Registered Agent:		773609 L 34477 ords, enter the name	
v Registered Office Address:	Enter Florida	street address	
		, Florida	7: C. J.
ed Agent's Signature, if changing Registered Agent:	City		zip Coae
rept the appointment as registered agent and agre of all statutes relative to the proper and complete p bligations of my position as registered agent as p o merely reflect a change in the registered office of	performance of my rovided for in Cha	v duties, and I am fo upter 605, F.S. Or, (	imiliar with and If this document is

If Changing Registered Agent, Signature of New Registered Agent

<u>from our records:</u>

anager 1thorized Member

<u>Name</u>	Address	Type of Action
Jennifer Kipke	9115 SW 49th Place	<b>25</b> %dd
•	9115 SW 49th Place Gainesville, FL 32608	□Remove
		□Change
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
	<u></u>	Remove
		□Change
		□Add
		□Remove
		□Change

ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
date, if other than the date of filing:
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 2020
Signature of a member or authorized representative of a member
Kenneth M Hesser Typed or printed name of signee

mu m eas of