

**L16000176895**

\_\_\_\_\_  
(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:

**wrong form**

Office Use Only



**200298221762**

04/24/17--01017--036 \*\*35.00

FILED  
17 MAY -9 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

**MAY 10 2017**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2017

BARRY G. HICKEY  
2115 NE 4TH AVE  
GAINESVILLE, FL 32641

SUBJECT: BALU PEACEFUL LIVING LLC  
Ref. Number: L16000176895

We have received your document for BALU PEACEFUL LIVING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 117A00008173

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BALU PEACEFUL LIVING LLC  
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:

BARRY HICKEY

Name of Person

BALU PEACEFUL LIVING LLC

Firm/Company

2115 NE 4TH AVE

Address

GAINESVILLE FL 32641

City/State and Zip Code

luciaa.vitale19@yahoo.com

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

For further information concerning this matter, please call:

Barry Hickey

Name of Person

at (352) 256-7575

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**

BALU PEACEFUL LIVING 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 October 2016 and assigned Florida document number L16000176895.

This amendment is submitted to amend the following:

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

BALU TRUCKING 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)

2115 NE 4TH AVE  
Gainesville, FL 32641

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2115 NE 4TH AVE  
GAINESVILLE, FL 32641

**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:

2115 NE 4TH AVE

2115 NE 4TH AVE

Enter Florida street address

Gainesville, Florida 32641

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

FILED  
MAY - 9 AM 10:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BARRY HICKEY	2115 NE 4TH AVE, Gainesville	<input checked="" type="checkbox"/> Add
	Extra TITLE: MGR/OWNER		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIA HICKEY	2115 NE 4TH AVE, Gainesville	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
JALAHASSEE, FLORIDA  
17 MAY 09 AM 10:58  
Remove  
Change  
Add  
Remove

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

- 1) The AMBR: Lucia Hickey will be removed;
- 2) BALU PEACEFUL LIVING will become BALU TRUCKING LLC
- 3) BARRY HICKEY will become: MGR, OWNER and AMBR of the LLC instead of only AMBR
- 4) The fee has been send in a prior (wrong form) for the amount of \$35.00 (Thirtyfive dollars) instead of the \$25.00 (Twentyfivedollars) requested with check #1086 to Florida Department of State on the date of 4/20/2017

E. Effective date, if other than the date of filing: 5/5/2017 (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 05/05/2017

Barry Hickey

Signature of a member or authorized representative of a member

BARRY HICKEY

Typed or printed name of signer

FILED  
17 MAY -9 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA