

L17000010325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

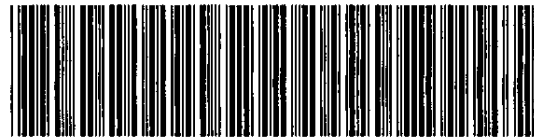
(Business Entity Name)

(Document Number)

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FEB 24 2017

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 23 AM 10:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Would like to change member managment

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:

Teresa Hicks

Name of Person

L.T. HICKS,LLC

Firm/Company

2390 N.W. 145th St.

Address

Citra, Fl. 32113

City/State and Zip Code

nice2626@windstream.net

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

For further information concerning this matter, please call:

Teresa A. Hicks

352 266-3368
at ()

Name of Person

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

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TALLAHASSEE, FLORIDA
17 FEB 23 AM 10:37

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

L.T.HICKS,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 01/12/2017 and assigned
Florida document number L17000010325.

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:

Teresa A. Hicks

New Registered Office Address:

2390 N.W.145th St.

Enter Florida street address

Citra

City

, Florida 32113

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Larry J. Hicks Jr.	2390 N.W. 145th St, Citra, Fl. 3211	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Teresa A. Hicks	2390 N.W. 145th St.,Citra ,Fl. 3211	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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17 FEB 23 AM 10:23

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(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)

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 February 21, 2017

Teresa A. Hick
Signature of a member or authorized representative of a member

Teresu A. Hicks
Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L17000010325
FILED 8:00 AM
January 12, 2017
Sec. Of State
mtmoon

Article I

The name of the Limited Liability Company is:
L.T.HICKS,LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2390 N.W. 145TH STREET
CITRA, FL. UN 32113

The mailing address of the Limited Liability Company is:
2390 N.W. 145TH STREET
CITRA, FL. UN 32113

Article III

Other provisions, if any:
HANDYMAN

SERVICES

Article IV

The name and Florida street address of the registered agent is:
~~LARRY J HICKS JR.~~
2390 N.W. 145TH ST.
CITRA, FL. 32113

Registered *me*

17 FEB 23 AM 10:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LARRY HICKS

Article V

The name and address of person(s) authorized to manage LLC:

Title: AP *Ambr*
~~TERESA HICKS~~
2390 N.W. 145TH ST.
CITRA, FL. 32113 UN

L17000010325
FILED 8:00 AM
January 12, 2017
Sec. Of State
mtmoon

Both AMBR LARRY J. HICKS JR

Article VI

The effective date for this Limited Liability Company shall be:

01/09/2017

Signature of member or an authorized representative

Electronic Signature: LARRY HICKS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 23 AM 10:37