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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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	ation Section of Corpor			
TO SUBJECT:	BY RICKS	HOME SERVICES LLC		
30 5 0ECT		Name of Limited Liability Company		
The enclosed Art	ticles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		TOBY J RICKS		
			Name of Person	
			Firm/Company	
		21807 A POMPANO ST		
			Address	
		PANAMA CITY BEACH,	FL 32413	
			City/State and Zip Code	
		E-mail address: (I	to be used for future annual report no	otification)
For further infor	mation con	cerning this matter, please ca	all:	
TOBY J RICKS	\$		912 322-9492 at ()	
	Name of Po	erson		me Telephone Number
Enclosed is a che	eck for the	following amount:		
\$25.00 Filing	g Fec	□ \$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

TOBY RICKS HOME SERVICES LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L17000067040	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C.":
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	a a a
		3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable:		T
Mailing address MAY BE A POST OFFICE BOX)		<u>හි</u> දූලි
		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
If amending name, enter the new name of the limited liability contents of the new name must be distinguishable and contain the words "Limited Liability Conter new principal offices address, if applicable: **Eincipal office address MUST BE A STREET ADDRESS** **Incipal office address** **Inmited Liability Contents** **Inmited	City	Lip 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>	Type of Action
P	RICKS, TOBY J	21807 A POMPANO ST	= Add
		PANAMA CITY BEACH, FL 32413	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
	 	Change	
			Remove
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an effe ote:	ve date, if other than the date of filing:)7 (is t
The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.	of:
ated _	3-28-17 Toby J Ricks Typed or printed name of signee	
	Tom Il 60	
	() ()	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00