

LI7000076420

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18 MAY 11 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY 15 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRUKN 360 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:

Micheal Hickson

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2514 Timber Run N

\_\_\_\_\_  
Address

Riviera Beach FL 33407

\_\_\_\_\_  
City/State and Zip Code

richardson.ashley88@gmail.com

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

For further information concerning this matter, please call:

Ashley Richardson

813 363-2821  
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

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

**FILED**  
18 MAY 11 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRUKN 360 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 4/5/2017 and assigned  
Florida document number L17000076420.

This amendment is submitted to amend the following:

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

HIX OTR, 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)

~~235 W Brandon Blvd~~ 235 W Brandon Blvd  
~~Suite 149~~ Suite 149  
~~Brandon, FL 33511~~ Brandon, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~235 W Brandon Blvd~~ 235 W Brandon Blvd  
~~Suite 149~~ Suite 149  
~~Brandon, FL 33511~~ Brandon, FL 33511

**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:

Michael Hickson

New Registered Office Address:

~~235 W Brandon Blvd~~ 235 W Brandon Blvd Suite 149  
~~Brandon, FL 33511~~ Brandon, FL 33511  
Enter Florida street address  
~~West Palm Beach~~ Brandon, Florida ~~33411~~ 33511  
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.*

Michael Hickson

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>
President	Ashley Kitt	1604 Fluorshire Drive	<input type="checkbox"/> Add
		Brandon FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Micheal Hickson	<del>235 W Brandon Blvd</del> 235 W Brandon Blvd	<input type="checkbox"/> Add
		<del>Suite 149</del> Suite 149	<input type="checkbox"/> Remove
		<del>Brandon FL 33511</del> Brandon FL 33511	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

EIN : 82- 5450078

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18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 May 5, 2018.

*Michael Hickson*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Michael Hickson

\_\_\_\_\_  
Typed or printed name of signee