

L17000115134

(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:

Office Use Only



500301023915

07/05/17--01021--025 ++60.00

FILED
2017 JUL 17 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUL 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2017

CROSS BONE OUTFITTERS, L.L.C.
CHARLES B HICKCOX III
29431 SW 169TH AVE.
HOMESTEAD, FL 33030

SUBJECT: CROSS BONE OUTFITTERS, L.L.C.
Ref. Number: L17000115134

We have received your document for CROSS BONE OUTFITTERS, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing last page (signature page). Enclosed is the missing page for your convenience. Please sign and return to our office.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00013877

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cross Bone Outfitters, L.L.C.

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:

Charles B. Hickcox III

Name of Person

Cross Bone Outfitters, L.L.C.

Firm/Company

29431 SW 169th Ave

Address

Homestead, FL 33030

City/State and Zip Code

crossboneoutfitters@gmail.com

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

For further information concerning this matter, please call:

Charles B. Hickcox III

480

528-6097

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**

Cross Bone Outfitters, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 JUL 17 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/24/2017 and assigned
Florida document number L17000115134.

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)

Charles B. Hickcox III

1573 NE 37th Pl

Homestead, FL 33033

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:

Randelle R. Hickcox

New Registered Office Address:

1573 NE 37th Pl

Enter Florida street address

Homestead

Florida 33033

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

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>
MGR	Farmer, Clay	29431 SW 169th Ave	<input type="checkbox"/> Add
		Homestead, FL 33030	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hickcox, Randelle	1573 NE 37th Pl	<input checked="" type="checkbox"/> Add
		Homestead, FL 33033	<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

FILED
2017 JUL 17 PM 4:51
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

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

FILED
2017 JUL 17 PM 4:58
CLERK OF DISTRICT COURT
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 17 July 2017


Signature of a member or author

Signature of a member or authorized representative of a member

Charles B Hickox III
Typed or printed name of signee

Typed or printed name of signer