## 117000180512

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State Zight Home #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Efficy Partie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



300303576173

0977773887751751738.00

9/20/17

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Marcus Higgin botham 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:
Marcus L. Higgin bitham
Marcus Higgin botham Limited Liability Compa
3004 Ruddy LN.  Address
Middleburg, Fc. 32048 City/State and Zip Code
Stephanie nicole 140 a g mail · com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcus L-Hasin botham at (904) 365-9070  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \$\subseteq \$\subseteq \$\subseteq \$\subseteq \$\subseteq \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}  \$\subseteq \$\s

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

Ciability Company

	~1 ·1	8-23-1	17		
The Articles of Organization for this Limited Liability Con		0 00 1	and assigned		
Florida document number <u>L170001805</u>	12				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :			
Marcus Higginbothar	n, L.L.C	•			
The new name must be distinguishable and contain the words 'Limite	ed Liability Company," the	e designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<del> </del>	<del></del>		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		AFE SE T		
			SSE COLOR		
			SEE O		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	9 9		
			DE 5		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		on our records,	enter the name of the new		
Name of New Registered Agent:	15.44407-15				
New Registered Office Address:					
	Enter Florida street address				
		, Flor			
•	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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marcus L. Higsinbotha	m 3006 Ruddy Ln.	Add
	-	middleburg FC.32	>• 68 □ Remove
	-		□ Change
MGR	Stephanie Higginbothan	1 3006 Rudde LN.	<b>D</b> ∕Add
	-	Middleburg, FC. 320	Remove
	-		Change
			🗆 Add
	-		□ Remove
	-		Change
			Add
	-		☐ Remove
	-		Change
<del>_</del>			🗆 Add
	-		Remove
	-		Change
			Add
	-		Remove
			□ Change

	<del> · · · · - · · · · · · · · · · · · · </del>							-
								-
								-
								<del>-</del>
								_
		·						
			<del> </del>					
A							<u> </u>	-
<del> </del>								-
								-
						30	=	_
						CRE	æ	-71
					·····	ISSA	<del>2</del> 2	=
						H <sub>Q</sub>	_ <u></u>	- [1]
	· · · · · · · · · · · · · · · · · · ·		<u></u>			رن شیم	<u>圣</u>	-
					·	OR A	<u></u>	-
							***	_
					,			
ective date, if othen effective date is listed,	r than the date of	f filing:			(optional	)		£ 0201
te: If the date inserte	ed in this block does	s not meet the ap	plicable statut	ory filing require	o days after filing ments, this date	will not	be list	ted as
cument's effective da	te on the Departme	nt of State's reco	ords.					
record specifies	a delayed effect	tive date, but	: not an effe	ctive time, at	12:01 a.m.	on the	earli	ier o
he 90th day afte								
91 141	2017							
ted VIII	2016	· · · · · · · · · · · · · · · · · · ·	· ·		,/ ,	,		
	ma MI	ius		Muca	2 House	Acom	<u></u>	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	re of a member or	authorized repre	sentative of a mem	ber			
ted 9 14	Signatui		-	•				

Page 3 of 3

Filing Fee: \$25.00