

L17 000 192 004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

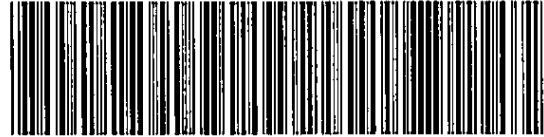
(Business Entity Name)

(Document Number)

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2021 JAN -8 AM 11:14
SECRETARY OF STATE

2/17/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Fire Hiney 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:

Carole Chapuis

Name of Person

Fire Hiney

Firm/Company

12874 Bryan Rd

Address

Loxahatchee Groves FL 33470

City/State and Zip Code

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

For further information concerning this matter, please call:

Carole Chapuis

Name of Person

at

(561)

Area Code

719-7914

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Fire Hiney 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 Sept 14, 2017 and assigned
Florida document number L17000192004

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)

FILED	2021 JAN -8 AM 11:40
CLERK OF CIRCUIT COURT	
JACKSONVILLE, FLORIDA	

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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>
<u>MGR</u>	<u>Iveta Akei</u>	<u>9880 Via Bernini</u>	<input type="checkbox"/> Add
		<u>Lake Worth, FL 33467</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Carole Chapuis</u>	<u>12874 Bryan Rd</u>	<input type="checkbox"/> Add
		<u>Loxahatchee Groves</u>	<input type="checkbox"/> Remove
		<u>Florida 33470</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	Mathew Pisula <u>Mathew Pisula</u>	<u>217 Frederick St.</u>	<input checked="" type="checkbox"/> Add
		<u>Hanover PA. 17331</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jennifer Swiger</u>	<u>108 White Wing Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Jupiter, FL 33458</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Carolyn Elisius</u>	<u>3 E Boxwood Loop</u>	<input checked="" type="checkbox"/> Add
		<u>Flat Rock, NC 28731</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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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 Dec 22, 2020

Carol Chapuis

Signature of a member or authorized representative of a member

Carol Chapuis

Typed or printed name of signee