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November 1, 2017

HAROLD HICKS JR 7443 53RD RD LIVE OAK, FL 32060

SUBJECT: HICKS TRUCKING LLC

Ref. Number: L17000220813

We have received your document for HICKS TRUCKING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 417A00022104

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COVER LETTER

SHRIF		king LLC		
NO BOLL	- 1 •	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for tiling. all correspondence concerning this matter to the following: Harold D. Hicks Jr Name of Person Hicks Trucking LLC Firm/Company 7443 53rd RD Address Live Oak, Florida 32060 City/State and Zip Code hickstruckingle@yahoo.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Name of Person at (386 688-6726 Area Code Daytime Telephone Number) check for the following amount:		
	Name of Limited Liability Company seclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Harold D. Hicks Jr Name of Person Hicks Trucking LLC Firm/Company 7443-53rd RD Address Live Oak, Florida 32060 City/State and Zip Code hickstruckinglle@yahoo.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Hicks 386 Name of Person Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certificat Copy Certificat Copy Certificat Copy Certificat Copy Certificat Copy Certified Copy Certified Copy Certified Copy Certified Copy			
			Name of Person	
		Hicks Trucking LLC		g: Person Inpany SSS I Zip Code Ture annual report notification) 688-6726 Code Daytime Telephone Number Illing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy I copy is enclosed) Code Certified Copy
			Firm/Company	
		7443 53rd RD		
			Address	
		Live Oak, Florida 32060		
		hiekstruckingHc@yahoo.co	•	
				cation)
For furth	er information c	concerning this matter, please co	all:	
David Hi	icks			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	he following amount:		
□ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Hicks Tracking LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 25,2017 a	nd assigned
Florida document number L17000220813		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviate	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		Now 21
(Mailing address MAY BE A POST OFFICE BOX)	1	1 NOW 7
		-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the n</u> <u>e</u> :	ame of the new
		· ·
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

Title	<u>Name</u>	Address	Type of Action
MGR	Harold D. Hicks Jr.	7443 53rd RD	■ Add
		Live Oak, Florida 32060 US	□ Remove
			□ Change
MGR	Jamie C. Hicks	7443 53rd RD	
	****	Live Oak, Florida 32060 US	
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Tective date, if other th	nan the date of filing: date must be specific and cannot	he prior to date of filing	as man than 90 da	(optional)	resonat to 605 (I	2077244
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ocument's effective date o	on the Department of State's	records.				
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The Souli day after to	ne record is med.					
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ated Dv, 12		<u></u> .				
-1-26-66	Signature of a member	r or authorized represent	ative of a member			
Harold David Hi	· · ·					

Page 3 of 3

Filing Fee: \$25.00