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18 APR -9 AMIL: 5
SECRETARY OF STAT

K. SALY APR 11 2018

COVER LETTER

TO:	Registration Sec Division of Corp	tion orations		*
, SUBJE	ect: <u>Ly</u>	nn Higgins RE ?	Services ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Lynn	Higgus Number of Person	
		Lynn Higg	JUS RE Services	
		9469 1	N. Green Bay L	ane
		Crysti	City/State and Zip Code	128
		LynnHigg	insTCogmail. Co	om
For fur	ther information co	ncerning this matter, please ca	•	
_ <u>L</u>	ynn Higgi Name of I	NS Person	at (<u>352</u>) <u>220</u> Area Code Day	-8056 rtime Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$2±	5.00 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 APR -9 AM II: 59

ALLAHISSAEL FLORIDA

The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000079709</u> .	ere filed on <u>March</u>	1 28, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
Lynn Marie Higgins, LC		
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)		
_		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our re	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		. Florida
	City	, Florida 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	FILED	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE ALLAMASSES, FLORIDA	Type of Action
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific and this block does not r	f cannot be prior to d neet the applicable	ate of filing or more than statutory filing requi	(optiona 190 days after filin rements, this dat	g.) Pursuant to 605.0
the record specifies a d) The 90th day after the		date, but not a	n effective time,	at 12:01 a.m	. on the earlier
Dated April 5	Lynn I	2018 Magains member of authorize	d representative of a me	ember	
	Lynn M P	Higains			

Page 3 of 3

Filing Fee: \$25.00