

L18000253319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

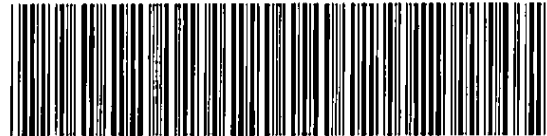
(Business Entity Name)

(Document Number)

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M. MILLIGAN  
NOV 16 2018

2018 NOV 16 AM 10:15  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hierscom 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:

Christopher A Hiers  
Name of Person

Hierscom LLC  
Firm/Company

5708 Katherine St  
Address

Panama City FL 32404  
City/State and Zip Code

Chris Hiers, NCO @ Gmail  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Hiers at (850) 596-9128  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2018 NOV 16 AM 10:15

SECRETARY'S OFFICE  
4000 N. W. 11th Ave.  
Miami, FL 33150

Hierscom 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 10/29/18 and assigned  
Florida document number L18000253319.

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)

**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>                      |
|--------------|------------------|----------------------|--|
| MGR          | Chase Roche Fort | 5706 Katherine St    | <input type="checkbox"/> Add               |
|              |                  | Panama City FL 32404 | <input checked="" type="checkbox"/> Remove |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
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|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |

[illegible]

**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 11/16/16

Ch 17

Signature of a member or authorized representative of a member

Christopher A Hiers  
Typed or printed name of signee

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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2016 NOV 16 AM 10:15