

4/23/2019

Division of Corporations

**L190001324913**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H19000132491 3)))



H190001324913ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : 120018000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEDRICK HOME IMPROVEMENTS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

*4/24/19*

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEDRICK HOME IMPROVEMENTS 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

shedrick02@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

800

at ( )

Area Code

773-0888 ext. 9724

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEDRICK HOME IMPROVEMENTS 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 02/13/2019 and assigned Florida document number L19000043918.

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 end with 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*

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|-----------------|-----------------------------|--|
| AMBR         | Steven Walden   | 13364 Beach Blvd Unit 907   | <input type="checkbox"/> Add               |
|              |                 | Jacksonville, Florida 32224 | <input checked="" type="checkbox"/> Remove |
|              |                 |                             |  |
| AMBR         | Stephen Hedrick | 13364 Beach Blvd Unit 907   | <input checked="" type="checkbox"/> Add    |
|              |                 | Jacksonville, Florida 32224 | <input type="checkbox"/> Remove            |
|              |                 |                             |  |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             |  |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             |  |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             |  |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             |  |

FILED  
APR 23 11:10 AM '19  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 17, 2019

Stephen Hedrick

Signature of a member or authorized representative of a member

Stephen Hedrick

Typed or printed name of signer

19 APR 23 AM 10:22  
TALLAHASSEE, FLORIDA