L19000123037

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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	HIX Carpe			
SOBJECT		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Jacob Hicks		
		HIX Carpentry LLC	Name of Person	
		2630 Myrtle Loop	Firm/Company	
		Middleburg, FL, 32068	Address	
		hixcarpentry@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further is	nformation c	oncerning this matter, please ca	alt:	
Jacob Hick	s		904 263-9423 at ()	
	Name o	f Person		Telephone Number
Enclosed is a	a check for th	ic following amount:		
■ \$25.00 F	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 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIX Carpentry LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 05/07/2019		and assigned
Florida document number L19000123037	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019 SEU
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHASSEE FE
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, <u>e</u> dress here:	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		•>
	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>	Address	Type of Action
MGR	Jacob Hicks	2630 Myrtle Loop, Middleburg, FL. 32068	
		0.000	
	•		□ Remove
AMBR	Amber Hicks	2630 Myrtle Loop, Middleburg, Ft. 32068	
			Bemove
			Add
			Remove
			□ Change
		,—————————————————————————————————————	Add
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			☐ Change
			□ Remove
			□ Change

If amending any other information	on, enter change(s) here	: (Attach additional	sheets, if necessary.)	
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		<u> </u>		
				
				•
				
ffective date, if other than the data offective date is listed, the date must be store: If the date inserted in this block ocument's effective date on the Department.	c does not meet the applic	able statutory filing rec	(optional) man 90 days after filing.) Pur puirements, this date will	suant to 605.0207 not be listed as
e record specifies a delayed e The 90th day after the record	ffective date, but no d is filed.	t an effective time	e, at 12:01 a.m. on	the earlier of
August, 27	2 <u>7</u> 046	<u></u>		
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Jacob Hicks	, ,			
	Typed or printe	ed nume of signee		