## L19000133389

(Requestor's	Name)
(Address)	
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PICK-UP W	/AIT MAIL
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12/11/20 Non

## **COVER LETTER**

FO: Registration Section Division of Corporatio	ns		
SUBJECT: DICCOLL	nt Connection Name of Limit	HICOS LLC ed Liability Company	<u> </u>
The enclosed Articles of Amenda	nent and fee(s) are subn	nitted for filing.	
Please return all correspondence	concerning this matter to	o the following:	
<u>_</u> <u>f</u>	very Tulis	Name of Person	
		Firm/Company	
<u></u>	1801 Dunb	Address	
F	1. Pierce, Fl	-On'd C 3494 (o City/State and Zip Code	
_10	E-mail address: (II	M(4 & in M(2) (022) be used for future annual report noti	fication)
For further information concerni-	ng this matter, please cal	II:	
Avery Tilli	5	at ( <u>772) 940 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the follow	ving amount:		
	80.00 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	ı	<u>Street Address:</u> Registration Se	ction
1 No. 3 St. 1 C C	4 T	District on a C.C.	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Discount Connection	e 110	2020 NOY -2	PM 3: 01
Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on or hility Company)	ur re <b>coeds</b> #ETARY	OF STATE
	. (		
The Articles of Organization for this Limited Liability Company w	ere filed on <u>May</u>	16,2019	_and assigned
Florida document number <u>L19000   333 89</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designat	ion "LLC" or the abbrev	dation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ad	dress on our record:	s. <u>enter the name o</u>	the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
			···
New Registered Office Address:	Enter Florida stre	vet address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ad	rformance of my di ovided for in Chapte	ities, and Lam fam ir 605, F.S. Or, if t	iliar with and his document is

company has been notified in writing of this change.

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>	Type of Action
AMBR	Amera Daughtry	514N 10th St. Fl. Pierce FL 34	95 <u>0</u> ⊡∕Add
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`an efi <u>⊀ote:</u>	ive date, if other than the date of filing:
recor d is fi	d 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 led.
ated	October 24th 2020.
	Cotober 24th 2020.  Mely July  Signature of a member or authorized representative of a member
	Avery Tillis Typed or printed name of signee
	$\mathcal{O}$