

L19 000233770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

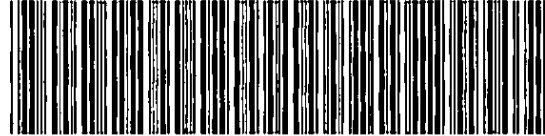
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/06/20--01012--019 \*\*25.00

FILED  
2021 JAN 21 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 22 2021



2021 JAN 10 11:11:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2020

TILDON HICKS JR  
4409 LINCREST DR S  
JACKSONVILLE, FL 32208

SUBJECT: LHTH ENTERPRISES, LLC  
Ref. Number: L19000233770

Sub 1 0  
M

\$138.75  
\$77.50  
377.50

We have received your document for LHTH ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to amend, the entity must be Active on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 920A00025208

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: LHTH ENTERPRISES, 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:

Tildon Hicks Jr.

Name of Person

LHTH ENTERPRISES, LLC

Firm/Company

4409 LINCREST DRIVE S

Address

JACKSONVILLE, FL 32208

City/State and Zip Code

tildonhicks4409@icloud.com

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

For further information concerning this matter, please call:

Tildon Hicks

904

4720153

at ( )

Name of Person

Area Code

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 Address:**

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**

2021 JAN 21 AM 8:42

LHTH ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRET  
FILED  
FL

The Articles of Organization for this Limited Liability Company were filed on 09/16/2019 and assigned  
Florida document number L19000233770.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(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:

NA

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**

**MGR = Manager**  
**AMBR = Authorized Member**

2021 JAN 21 AM 8:42

Title	Name	Address	Type of Action
MGR	LUCINDA HICKS	4409 LINCREST DRIVE'S 10 GATE TALLAHASSEE FL	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

N/A

2021 JAN 21 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FL

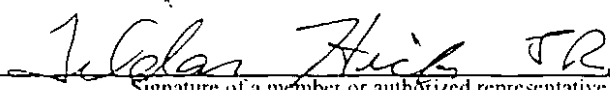
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 NOVEMBER 3, 2020



Signature of a member or authorized representative of a member

TILDON HICKS, JR.

Typed or printed name of signer

Filing Fee: \$25.00