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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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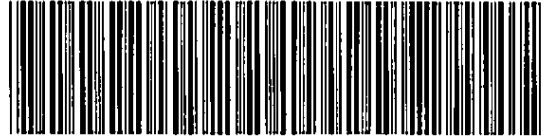
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

2020 SEP 10 PM 3:05

FILED

US
10/24/20

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 4HF 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:

Joseph Eric Williams

Name of Person

4HF LLC

Firm/Company

8067 Echo Springs rd

Address

Jacksonville, FL 32256

City/State and Zip Code

4hfvibes@gmail.com

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

FILED
2023 SEP 10 PM 3:05
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Joseph Eric Williams at () 904 874-3511
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

4HF LLC

The Articles of Organization for this Limited Liability Company were filed on 17 AUG 2020 and assigned Florida document number 85-2745784.

4HF Vibes LLC

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4651 Salisbury road, Suite 400

Jacksonville, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4651 Salisbury road, Suite 400

Jacksonville, FL 32256

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

Civ

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

2020 SEP 10 PM 3:05
ALLAN-SEE, LORILUA

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.

Dated 6th day of September 2020

 _____ Sig

Joseph Eric Williams

Filing Fee: \$25.00