

111000005196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

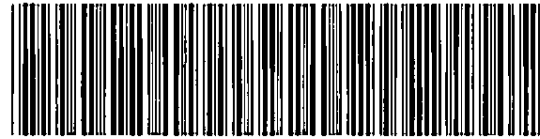
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800368870678

FILED
2021 OCT 15 AM 11:04
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2021 OCT -7 PM 4:04
OFFICE OF CLERK OF STATE
TALLAHASSEE, FLORIDA

X

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$30.00

Authorized Signature: 

HODGES BROTHERS OF SW FLORIDA, LLC M11000005194

Corporation Name & Document Number, (if known):

(Business Name)

Document#

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () ☐ Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: HODGES BROTHERS OF SW FLORIDA, LLC
Ref. Number: M11000005194

We have received your document for HODGES BROTHERS OF SW FLORIDA, LLC and the authorization to debit your account in the amount of \$30.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00024500

RECEIVED
2021 OCT 15 PM 4:08
ALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HODGES BROTHERS ~~INC~~ of SW Florida, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Scott, Esq.

Name of Person

The Dorcey Law Firm, PLLC

Firm/Company

10181 Six Mile Cypress Parkway, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

mike@dorceylaw.com

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

For further information concerning this matter, please call:

Michael Scott, Esq.

at (239) 418-0169

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HODGES BROTHERS OF SW FLORIDA, LLC

Enter new principal office address, if applicable: 325 COCOHATCHEE BLVD

(Principal office address

MUST BE A STREET ADDRESS)

NAPLES, FL 34110

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

325 COCOHATCHEE BLVD

NAPLES, FL 34110

2. The Florida document number of this limited liability company is: M11000005194

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 10/17/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: 325 COCOHATCHEE BLVD.

Enter Florida Street Address

NAPLES

Florida 34110

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.

DocuSigned by:



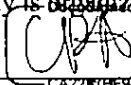
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HODGES, CHADD PERRY	325 COCOHATCHEE BLVD	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34110	<input type="checkbox"/> Remove
MGR	HODGES, KEEGAN PERRY	1963 GULFSHORE BLVD.	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34102	<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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:



 Signature of the authorized representative

Chadd P. Hodges

 Typed or printed name of signee

Filing Fee: \$25.00