

#L/2000/18200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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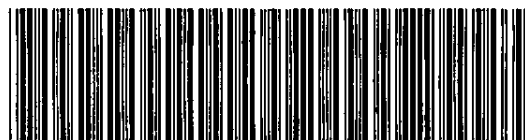
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 12 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Oval Event Services, 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:

Tracy R. Hill

Name of Person

Hill Online Publishing, LLC

Firm/Company

8131 Vineland Ave. Suite 289

Address

Orlando, FL 32821

City/State and Zip Code

tr@hillonlinepublishing.com

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

For further information concerning this matter, please call:

Tracy R. Hill

Name of Person

at (**407**) **473-3328**

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

**FILED
13 APR 10 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Oval Event Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 17, 2012 and assigned
Florida document number L12000118200.

This amendment is submitted to amend the following:

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

Hill Online Publishing, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8131 Vineland Avenue

Suite 289

Orlando, FL 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8131 Vineland Avenue

Suite 289

Orlando, FL 32821

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:

8801 Villa View Circle #206

Enter Florida street address

Orlando

City

Florida 32821

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 608, 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

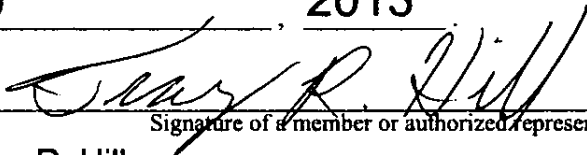
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Norman D Hill	1846 Sequoyah Terrace	☐ Add
		Hixson, TN 37343	☒ Remove
MGRM	Michael Santos	16628 Rising Star Drive	☐ Add
		Clermont, FL 34714	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated April 6, 2013



Signature of a member or authorized representative of a member

Tracy R. Hill

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00