

L14000169127

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

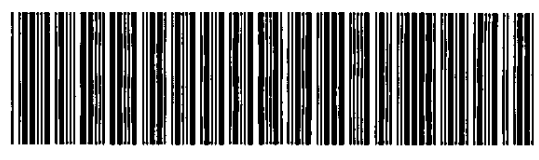
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

D. SCOTT  
OCT 13 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2017 OCT 13 AM 9:23

September 15, 2016

MICHAEL LEATHERS HEWETT  
802 5TH ST.  
CLERMONT, FL 34711

SUBJECT: HEWETT HOME SERVICES, LIMITED LIABILITY COMPANY  
Ref. Number: L14000169127

We have received your document for HEWETT HOME SERVICES, LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name GEM OF THE HILLS, LLC is unavilable please choose alternate name.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 516A00019781

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**O: Registration Section  
Division of Corporations**

**SUBJECT:** HEWETT HOME SERVICES LIMITED LIABILITY COMPANY  
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:

MICHAEL LEATHERS HEWETT  
Name of Person

GEM OF THE HILLS, LLC  
Firm/Company

802 5th St.  
Address

CLERMONT, FL 34711  
City/State and Zip Code

GEM OF THE HILLS LLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL LEATHERS HEWETT at (352) 217-0072  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TO  
ARTICLES OF ORGANIZATION  
OF

HEWETT HOME SERVICES LIMITED LIABILITY COMPANY  
(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 OCTOBER 30 2014 and assigned Florida document number L14000169127.

This amendment is submitted to amend the following:

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

~~GEM OF THE HILLS, LLC~~ GEM OF THE HILLS CONSTRUCTION, LLC  
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:  
**(Principal office address MUST BE A STREET ADDRESS)**

802 5<sup>th</sup> ST.  
CLERMONT, FL 34711

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

802 5<sup>th</sup> ST.  
CLERMONT, FL 34711

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**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:

MICHAEL LEATHERS HEWETT

New Registered Office Address:

802 5<sup>th</sup> ST.

Enter Florida street address

CLERMONT, Florida 34711  
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.

  
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL LEATHERS HEWETT	802 5 <sup>th</sup> ST. CLEMONT 34711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Lined area for text entry.

**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 SEPTEMBER 7, 2016.



Signature of a member or authorized representative of a member

MICHAEL LEATHERS HEWETT

Typed or printed name of signee

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