

LOS 0000 1573 (11)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2024 JUN -4 AM 5:02
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HILOMAST, 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:

NEIL BARRON

Name of Person

HILOMAST, LLC

Firm/Company

402 CHAIRMAN COURT

Address

DEBARY, FL 32713

City/State and Zip Code

Neil.Barron@smc-comms.com

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

For further information concerning this matter, please call:

NEIL BARRON

at (386) 221-5006

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**

HILOMAST, 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 3/26/03 and assigned
Florida document number 1.03000010873.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF COURT
HILLOMAST, LLC

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: NEIL BARRON

New Registered Office Address: 402 CHAIRMAN COURT

Enter Florida street address

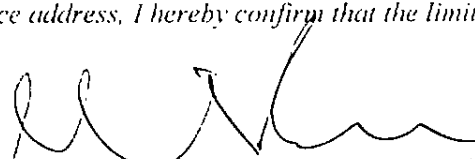
DEBARY, Florida 32713

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JILL DIAMOND	402 CHAIRMAN COURT	<input type="checkbox"/> Add
		DEBARY, FL 32713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GM	ANTONIO VICTORINO	402 CHAIRMAN COURT	<input type="checkbox"/> Add
		DEBARY, FL 32713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NEIL BARRON	402 CHAIRMAN COURT	<input checked="" type="checkbox"/> Add
		DEBARY, FL 32713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT PRICE	402 CHAIRMAN COURT	<input checked="" type="checkbox"/> Add
		DEBARY, FL 32713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

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Filing Fee: \$25.00