L06000028529

(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		HILL INSURANCE ASSOCIA	NTES, L.L.C.	
SOBJECT		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		HEIDI PRENDES		
		A÷ MINI STORAGE	Name of Person	
		12200 SW 117TH AVE	Firm/Company	
		MIAMI, FL 33186	Address	
		HPRENDES@APLUSMIN		
		E-mail address: (to be used for future annual report notifi	ecation)
For further	information co	oncerning this matter, please ca	all:	
HEIDI PRE	ENDES		305 232-7198	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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 ED

BEACON HILL INSURANCE ASSOCIATES, L.L.C.

2011 JUL 15 P 2:39

(Name of the Limi	ted Liability Company 25 it n (A Florida Limited Liability C	ow appears on our records.) F Company) (ALLAHASSEE, FL	N. O. B.
The Articles of Organization for this Limited I.		TALLAHASSEEFFE 03/17/2006	one on the second
		ed on	and assigned
Florida document number 1.06000028529	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the <u>limited liability con</u>	upany h <u>ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Comp	sany," the designation "LLC" or the r	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Nor registered office ad office address here: STEVEN H. NATURM		r the name of the ne
New Designand Office Address	9500 S. Dadeland Blvd.	Suite 601	
New Registered Office Address:	<u></u>	Enter Florida street address	
	MIAMI	, Florida ³	3156
	City	, Florida 3	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete perform gistered agent as provide e registered office addres s change.	mance of my duties, and I am d for in Chapter 605, F.S. O	n familiar with and r, if this document is imited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAUL L NUNEZ	12200 SW 117TH AVENUE	
			□ Add
		MIAMI, FL 33186	
			Remove
			☐ Change
			Change
			□ Add
			Remove
			Change
			🗖 Remove
			Change
			FT 5.13
			□ Add
			□ Remove
			Change
			🗖 Add
			□ Remove
			☐ Change
			□ Remove
			C Kemove
			☐ Change

Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The effective date on the Department of State's records.	
Effective date, if other than the date of filing:	
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 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the experiment of the date will not be document's effective date on the Department of State's records.	
Effective date, if other than the date of filing:	
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Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the expective time.	
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	to 605.0207 (oe listed as t
	earlier of:
Dated 20A Signature of a member or authorized representative of a member	_

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Filing Fee: \$25.00