

1070000 53874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

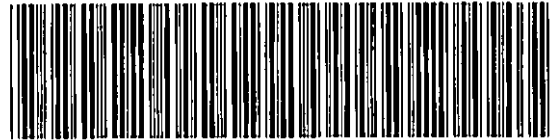
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Scioto Bend Townhomes, 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:

Ronad Hilton & Leslie Hilton

\_\_\_\_\_  
Name of Person

Scioto Bend Townhomes, LLC

\_\_\_\_\_  
Firm/Company

17210 Camelot Ct unit 101

\_\_\_\_\_  
Address

Land O Lakes, FL 34638

\_\_\_\_\_  
City/State and Zip Code

leslie.hilton@palmvalleyinsure.com

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

For further information concerning this matter, please call:

Leslie Hilton

904

806-0797

at ( )

\_\_\_\_\_  
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

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

Scioto Bend Townhomes, 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 May 21, 2007 and assigned  
Florida document number L07000053874.

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)**

17210 Camelot Ct unit 101

Land O Lakes, FL 34638

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

17210 Camelot Ct unit 101

Land O Lakes, FL 34638

**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:

Leslie Hilton

New Registered Office Address:

17210 Camelot Ct unit 101

*Enter Florida street address*

Land O Lakes

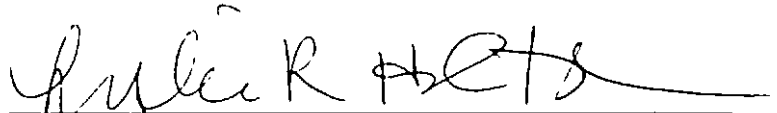
Florida 34638

*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>
MGR	Leslie Hilton	17210 Camelot Ct unit 101 Land O Lakes, FL 34638	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karen Hiton		<input type="checkbox"/> Add
		8416 Dunham Station Dr Tampa, FL 34637	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Ronald S Hilton		<input type="checkbox"/> Add
		17210 Camelot Ct unit 101 Land O Lakes, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Taylor Hilton	17210 Camelot Ct unit 101 Land O Lakes, FL 34638	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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.

Dated December 5, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee