

LD 1000093/62

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

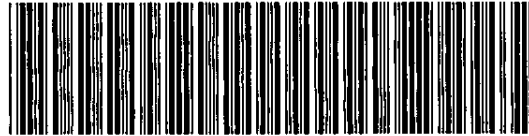
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500275492995

07/31/15--01017--021 **30.00

FILED
15 JUL 31 PM 4:42
STATE OF OHIO
RECEIVED

AUG 03 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HILLCREST HAMPTON HOUSE OF ORLANDO, 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:

STUART A. HEATON

Name of Person

HILLCREST HAMPTON HOUSE OF ORLANDO, LLC

Firm/Company

507 N. NEW YORK AVENUE, SUITE 300

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

SHEATON@ELEVATIONFINANCIALGROUP.COM

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

FILED
15 JUL 31 PM 4:42

For further information concerning this matter, please call:

STUART A. HEATON

407 215-1350

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	ELEVATION PROPERTIES, LLC	507 N. NEW YORK AVE	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input type="checkbox"/> Change
MGR	KING FAMILY GLOBAL ENTERPRISES, LLC	507 N. NEW YORK AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

FILED
15 MAR 31 PM 4:42
on the earlier o

Signature of a member or authorized representative of a member

Typed or printed name of signee