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ALLAHASSEE, FLORIDA

COVER LETTER

41

Division of Co	rporațions :	4	≝ :
SUBJECT.	HILLTOF	P CENTER,LLC	·
SUBJECT:		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		DILIP WADHWANI	·
		Name of Person	
	Hi	LLTOP CENTER,LLC	
		Firm/Company	:
		Address	
	TA	MPA / FLORIDA 33626	
		City/State and Zip Code	
		Dilipw8@aol.com to be used for future annual report notific	
	E-mail address: (1	to be used for future annual report notific	cation)
For further information	concerning this matter, please of	all:	•
DILI	P WADHWANI	at (813)	758-0916
Name	me of Person Area Code & Daytime Telephone Number		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)	Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

HILLTOF	CENTER, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	02/04/2008	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	ed liability company he	r e :	
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRE	ESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALLAHASSEE)	12 SEP 25 PM
B. If amending the registered agent and/or registe registered agent and/or the new registered office addresses	red office address on ess here:	77.0	The Paris of the P
Name of New Registered Agent:	·		
New Registered Office Address:	E _I	ter Florida street add	ress
		, Florida	
	City	, Florida	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	VEENU WADHWAN	II 11922 WANDSWORTH DRIVE TAMPA, FL 33626	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
······			Add Remove
D. If ame	nding any other information,	enter change(s) here: (Attach additional sheets, if necessa	ry.)
_			
-			
Dated	SEPTEMBER, 24		
	Signatur	re of a member or authorized representative of a member	
		DILIP WADHWANI MGR Typed or printed name of signee	
		i ypeu of printed fiame of signee	

Page 2 of 2

Filing Fee: \$25.00