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(Address)

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☐ WAIT

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 13 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Foundation Group, 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:

Joanne Hiller  
Name of Person

Firm/Company

655 Harbor Island  
Address

Clearwater, FL 33767  
City/State and Zip Code

joannehiller@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Hiller at (727) 460-5721  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Hiller Holdings, INC.	655 Harbor Island	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33767	<input type="checkbox"/> Remove
MGRM	Lorne Saltzman	655 Harbor Island	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33767	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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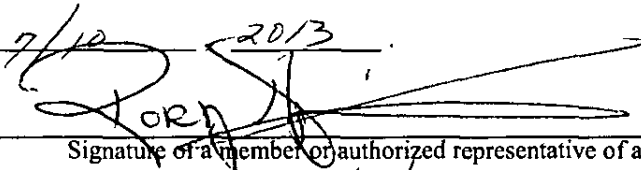
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Dated

7/10 2013  


Signature of a member or authorized representative of a member

Rory Miller

Typed or printed name of signee

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Filing Fee: \$25.00

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