## L11000037046

- (Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
(Dusiness Estimates)					
(Business Entity Name)					
(Document Number)					
0-46-40					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Margarita					
ALTHUR DITTON AND ALTHUR DESCRIPTION					
COFFECT name + address' DATE 9/13/11					
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FILED

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Madison Hills, 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:						
Richard D. Brown Name of Person						
Madison Hills, LLC Firm/Company						
1230 Carriage Park Drive						
Valrico, fl., 33594  City/State and Zip Code  Y brow 802 @ amail. com  E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Richard Brown  at (813) 600-5551  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{Status}\$\$ \$55.00 Filing Fee & \$\text{Status}\$\$ \$\$ \$60.00 Filing Fee, \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$						

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

1 FILED 11 SEP -9 PM 12:09

•	(Name of the Limited Liability Company as it now appears on our records E. FLORIDA  (A Florida Limited Liability Company)
	(A Fronda Edilinea Edilinia)
	·

The Articles of Organization for this Limited Liability Company were filed on March 25, 2011 and assigned Florida document number <u>L11000037046</u>.

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 end with the word "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.	1230 Carriage Park Drive Valrico, fl 33594
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1230 Carriage Park Drive Valrico, fl. 33594
B. If amending the registered agent and/or registered agent and/or the new registered office addr	red office address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	230 Carriage Park Dr
	Enter Florida street address  VICU , Florida  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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member		
Title _	<u>Name</u>	Address	Type of Action
MGR	Margarita Brown	1230 Carriage Park Drive Valrico, FC 33594	Add Remove
			Add Remove
			Add Remove 
			Add Remove
			□Add □Remove
			Add Remove
D. If amend	ting any other information, enter change had ress (	e(s) here: (Attach additional sheets, if necessary.)  Of current managers	_
		ALLAHAS	SE SE T
Dated	eptember 5 201	SEE, FLOKIDA	-9 PH 12: 09
		or authorized representative of a member  Description printed name of signee	

Page 2 of 2

Filing Fee: \$25.00