

2130000 21575

(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



100269611431

03/02/15--01033--018 **25.00

FILED
15 APR -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR -8 2015

N. CAUSSEAU

657

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: hill station cars 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:

christine cohen

Name of Person

hill station cars

Firm/Company

8320 43rd st. n

Address

pinellas park . fl 33781

City/State and Zip Code

fred1751@hotmail.com

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

For further information concerning this matter, please call:

christine cohen

at 727 403-5337

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**

hill station cars llc

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

FILED
15 APR -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/11/13 and assigned
Florida document number 113000021579

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 words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8320 43rd st. n

(Principal office address MUST BE A STREET ADDRESS)

pinellas park fl 33781

Enter new mailing address, if applicable:

same

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

8320 43rd ST. N.

Enter Florida street address

Pinellas Park, FL, Florida 33781

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
ambr	fredric l cohen	8320 43rd st n	<input type="checkbox"/> Add
		pinellas park ,fl 33781	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
15 APR -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

New Address

8320 43rd St. N.

Pinellas Park, FL

33781

E. Effective date, if other than the date of filing: 4/7/15 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/7/15

Christina J. Cohen

Signature of a member or authorized representative of a member

Christina J. Cohen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 APR - 7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA