130001912

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #) .
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400275607504

08/03/15--01013--004 **25.00

FILED FILED

AUG 04 2015 S. YOUNG

COVER LETTER

TO: Registration Division of	n Section Corporations			
HILSD SUBJECT:	ORF LLC			
, 505000011	Name of Lin	nited Liability Company		
	of Amendment and fee(s) are subsequence concerning this matter	•		
`	KARLA SALVATIERRA			
		Name of Person		-
	TAXZONE			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	8865 COMMODITY CIR	CLE STE 4		
	<u> </u>	Address		写到 诺
	ORLANDO, FL, 32819			
	COMPRASHILS@GMAII	City/State and Zip Code L.COM		20 L T
		to be used for future annual report noti	fication)	
For further information	on concerning this matter, please c	all:		
EDDIE KOTLER		407 8883131 at ()		37.
Nan	ne of Person		e Telephone Number	
Enclosed is a check for	or the following amount:		1	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
M.A	ILING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HILLSDORF LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/08/2013	and assigned
Florida document number L13000067942		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	8865 COMMODITY CIRCLE STE 4	·
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA, 32819	, , , , , , , , , , , , , , , , , , , ,
		<u> </u>
Enter new mailing address, if applicable:	8865 COMMODITY CIRCLE STE 4	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA, 32819	33 J E
B. If amending the registered agent and/or registered o	·	the name of the no
registered agent and/or the new registered office address her	<u>'e</u> :	, II.,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· \ \ \ \ .
	, 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>		Address	Type of Action
•				□ Remove
				Change
				Add
			· · · · · · · · · · · · · · · · · · ·	□ Remove
			<u> </u>	☐ Change
· ·····			•	
				☐ Remove
٠				☐ Change
				Add
			· · · · · · · · · · · · · · · · · · ·	☐ Remove
				□ Change
· · · · · ·		· · ·		Add
				', ',
				Change
·				Remove
				Remove
				☐ Change

				
	,			<u> </u>
				
			.	
		_		
				
·				
,				
ctive date, if other than the da	te of filing: روب ,		(options	al)
effective date is listed, the date must be If the date inserted in this block	specific and cannot be pr	rior to date of filing or mor	re than 90 days after fili	ing.) Pursuant to 605.
ment's effective date on the Depar	rtment of State's recor	ds.	requirements, and ac	ne will not be liste
	•			The same
ecord specifies a delayed ef	fective date, but	not an effective tir	ne, at 12:01 a.n	· · · · · · · · · · · · · · · · · · ·
e 90th day after the record	is filed.			
, JULY, 28TH	2015			J 6
		······································		-
d	-> 0			
	dol	- ,		

Page 3 of 3

Filing Fee: \$25.00