L13000074800

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2025 JAN -8 PM 5: 50

COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	Hillbright	LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	He	Other Hill Name of Person		
	<u> </u>	Oright LLC Firm/Company		
	1527 Dule	Mabry Hwy S	te 100	
	Lutz.	FL 33548 City/State and Zip Code		
	E-mail address: (t	o be used for future annual report notify	. (0 M)	
For further information c	oncerning this matter, please ca	•		
Heather	Hill f Person	at (813) 892	Telephone Number	
Name o	r r cison	Area Code Paymin	relephone (Million)	
Enclosed is a check for th	ne following amount:			
X S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contadditional cop	f Status & Property of Status & Property & Property of Status & Property & Property & Propert
Mailing Addres Registration S		Street Address: Registration Sec	etion	JAN -8 PM
Division of C	orporations	Division of Corp	porations	- 25 %
P.O. Box 6327		The Centre of T	allahassee	25 S

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Conforda document number L13 000074800	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: "Principal office address MUST BE A STREET ADDRE."	d Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1527 Dale Mabry High way Ste 100 Lutt, FL 33548
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1527 Dale Mubry Highway Ste 100 Lutz, FL 33548
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Heather Hill Dalemabry Hianway ste 100
	Enter Florida street address () 142 City Florida Zip!Code
New Registered Agent's Signature, if changing Registered A	the state of the s
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and means as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited Habilian
	\

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

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MAR	Carl Hill	34851 SR 54 W Ste 101	□Add
		Zephyrhills, FL 33541	XRemove
			□Change
Mhr	Heather Hill	1527 Dale Mabry Hwy	i X Add
		Ste 100	□Remove
		Lutz, 82 33548	□Change
MAR	Miranda Wood	1527 Dale matry Hwy	X Add
		_Ste_100	□Remove
		LV+2, fr 33548	□Change
			□Add
			□Remove
			□Change
			Add
			JAJAC 8
			TO TO
			□Remove
			□ Change

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(If an eff Note:	ve date, if other than the date of filing:	ling.) Pursuant to 60	95.0207 (3)(b sted as the 2025
f the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th:day after	ethe :
Dated		第ペ 29	B
	December 30th 2024	3 S	عي ال
	December 30th 2024 Signature of a member or authorized representative of a member	유로	ຂໍ.