# L13000114262

(Re	questor's Name)	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2021

MARTHA C. HARTMAN 537 UMATILLA BLVD UMATILLA, FL 32784 US

SUBJECT: HILL FAMILY LAWN & TREE LLC

Ref. Number: L13000114262

We have received your document for HILL FAMILY LAWN & TREE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS Regulatory Specialist II

www.sunbiz.org

Letter Number: 721A00019265

### **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
	MATIN LAIDI C TOEC	I.C.	
SUBJECT: HILL F	Name of Lin	nited Liability Company	<del> </del>
		nent and fee(s) are submitted for filing.  Oncerning this matter to the following:  ARTHA C. HARTMAN  Name of Person  ARTMAN & O'BRIEN, P.A.  Firm/Company  37 UMATILLA BLVD.  Address  AATILLA, FL 32784  City/State and Zip Code  RONTDESK@HARTMANOBRIEN.COM  E-mail address: (to be used for future annual report notification)	
The enclosed Articles of	MARTHA C. HARTMAN  MARTHA C. HARTMAN  Name of Person  HARTMAN & O*BRIEN, P.A.  Firm/Company  537 UMATILLA BLVD.  Address  UMATILLA, FL 32784  City/State and Zip Code  FRONTDESK@HARTMANOBRIEN. COM  E-mail address: (to be used for future annual report notification)  at (352) 669-5515		
Please return all correspo	Name of Person  HARTMAN & O'BRIEN, P.A.  Firm/Company  537 UMATILLA BLVD.  Address  UMATILLA, FL 32784  City/State and Zip Code  FRONTDESK@HARTMANOBRIEN.COM  E-mail address: (to be used for future annual report notification)  remation concerning this matter, please call:  ARTMAN  Name of Person  at (352) 669-5515  Area Code  Daytime Telephone Number  area Code  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
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	MARTHA C. HARTM		<del></del>
	HADTMAN & O'RRI	FN P A	
	HARTIAN & O DRI		· · · · · ·
	537 UMATILLA BL	VD.	
	IIMATTILLA. FL 32	784	
			<del></del>
	FRONTDESK@HARTM E-mail address: (	ANOBRIEN. COM	ification)
For further information c			
MADTUA C UADO	PM A N	352 . 669-55	.15
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632 Tallahassee	27	The Centre of T	•
Latianassee	C.L. 1/1/4	7413 N MIONTO	e sireer sinie 840

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HILL FAMILY LAWN & TREE,	LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on of mited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L13000114262</u>	npany were filed on <u>AUGUST</u>	13, 2013	and assigned
This amendment is submitted to amend the following:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	(2.2		
• • • • • • • • • • • • • • • • • • • •		7	26
	ffice address on our records	s, enter the name	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	Ciņ		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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAY E. HILL SR.	37551 FLORIDA AVE.	□Add
		UMATILLA, FL 32784	<b>∑</b> Remove
			Change
MGR	DEIDRA A. HILL	37551 FLORIDA AVE.	□Add
		UMATILLA, FL 32784	_ <b>\(\mathbb{Z}\)</b> Remove
			Change
MGR	JOSEPH W. HILL	37551 FLORIDA AVE.	ĭXAdd
		UMATILLA, FL 32784	□Remove
			□Change
AMBR	SAMANTHA HILL	37551 FLORIDA AVE.	⊠Add
		UMATILLA, FL 32784	□Remove
			Change
		<u> </u>	□Add
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Filing Fee: \$25.00