## L146666 70263

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| Special Instructions to Filing Officer: |                      |           |  |
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May 13, 2014

RENEE VARGA 115 W GORE ST ORLANDO, FL 32806

SUBJECT: HILLY BEND 933, LLC Ref. Number: L14000070263

We have received your document for HILLY BEND 933, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00010216

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: HILLY BEND 933 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:

Renee Varga

Name of Person

Hayes & Varga CPA

Firm/Company

115 W Gore St

Address

Orlando FL 32806

City/State and Zip Code

rvarga@hayesvargacpa.com

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

For further information concerning this matter, please call:

Renee Varga

407 894-6722

Name of Person

Terson Dayring Telephone Ivan

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) Shows the second second

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

| HILLY BEND 933 LLC  |   |
|---|---|
| (Name of the Limited Li<br>(A Fl  | ability Company as it now appears on our records.) orida Limited Liability Company) |
| The Articles of Organization for this Limited Liabili Florida document number <u>L14000070263</u> | ty Company were filed on 5 / 1 / 2014 and assigned                                  |
| This amendment is submitted to amend the following  | g:  |
| A. If amending name, enter the new name of the  | limited liability company here:   |
| HILLY BEND 818 LLC  |   |
| 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  |   |
| (Principal office address MUST BE A STREET A)   | DDRESS)   |
|   |   |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX   | 2   |
|   |   |
|   |   |
| B. If amending the registered agent and/or r<br>registered agent and/or the new registered office | egistered office address on our records, enter the name of the ne                   |
|   | TAIS 1  |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | 27  |
|   | Enter Florida street address  |
| _   |   |

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Manager's 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove \_□ Add ☐ Remove Add Personal Add P \_ 🗆 Add ☐ Remove □ Add ☐ Remove

| If amending any other inform     | ation, enter change(s) here: (Attach additi               | onal sheets, if necessary.) |
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|                                  |   |                             |
|                                  |   |                             |
|                                  |   |                             |
|                                  |   |                             |
| Effective date, if other than th | e date of filing:   | (optional)                  |
|                                  | nnot be prior to date of receipt or filed date and cannot |                             |
| Dated May 2                      | 2014  |                             |
| Rence                            |   |                             |
|                                  | Signature of a member or authorized representative        | e of a member               |
| <u>CPA</u>                       |   |                             |
|                                  | Typed or printed name of signee                           |                             |

Page 3 of 3

Filing Fee: \$25.00

JALLAHASSEE, FLORIDA