

L140000 87569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

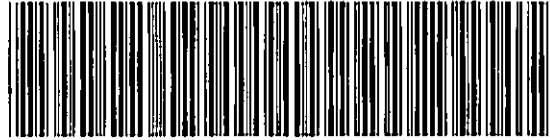
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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D. BRUCE
SEP 19 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Green Hill Insurance Group Limited Liability Company
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:

Sashenee Y Hill
_____ Name of Person
Green Hill Insurance Group Limited Liability Company
_____ Firm/Company
1259 Melontree Ct
_____ Address
Gotha, Florida 34734
_____ City/State and Zip Code
sasha@greenhillinsurancegroup.com
_____ E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Sashenee Y Hill	904	535-8258
_____ Name of Person	at (_____) 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Green Hill Insurance Group Limited Liability Company

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

The Articles of Organization for this Limited Liability Company were filed on June 2, 2014 and assigned Florida document number L14000087565.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

X

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

X

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

X

(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:

X

New Registered Office Address:

X

Enter Florida street address

X

Florida

City

Zip Code

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sashene Y Hill	1259 Melontree Ct	<input type="checkbox"/> Add
		Gotha Florida 34734	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Lawford L Hill	1259 Melontree Ct	<input type="checkbox"/> Add
		Gotha Florida 34734	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Trustee	Leighton L Hill	1259 Melontree Ct	<input type="checkbox"/> Add
		Gotha Florida 34734	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Trustee	Delano T Hill	1259 Melontree Ct	<input type="checkbox"/> Add
		Gotha Florida 34734	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF CIRCUIT COURT
 JENNIFER L. HARRIS

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

I would like to completely remove both Leighton L. Hill and Delano T Hill from the company as Trustees and
only have Sashenee Y Hill and Lawford L. Hill as Co Owners / Authorized Member for the company.

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E. Effective date, if other than the date of filing: _____ **(optional)**

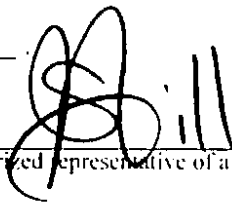
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

a) The date of filing.
b) The 90th day after the record is filed.

Dated July 27 _____, 2020



Signature of a member or authorized representative of a member

Sashenee Y Hill

Typed or printed name of signee