

L16 000 172982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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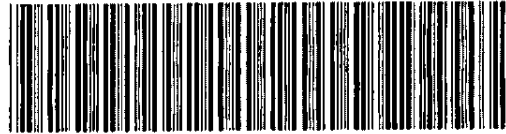
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SUFFICIENCY OF FILING

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hills & Hallows LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

The Oak Hill Fiduciary Trust
Name of Person

Hills & Hallows LLC
Firm/Company

3030 N. Rocky Point Dr, STE 150A
Address

Tampa, FL 33607
City/State and Zip Code

Passivetrust2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Wilmet (352) 598-4136
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Hills & Hollows LLC

SECOND: The Florida Document number of the limited liability company is: L16000172982

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

As per changes on Exhibit A, all management
authority belongs to The Oak Hill Trust.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

[Signature] 9-24-16
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

[Signature]
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

Exhibit A

Street address should have been:

3030 N. Rocky Point Dr. STE 150A
Tampa, FL 33607

Mailing address should have been:

3030 N. Rocky Point Dr. STE 150A
Tampa, FL 33607

Registered Agent should have been:

Northwest Registered Agent, LLC
3030 N. Rocky Point Dr, STE 150A
Tampa, FL 33607

Please omit ~~contact telephone # (only if needed, if any number is posted publicly)~~

This is a manager-managed LLC

The manager should have been listed as:

The Oak Hill Fiduciary Trust
3030 N. Rocky Point Dr, STE 150A
Tampa, FL 33607

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/1/01 BY 1043

16 SEP 29 PM 11:13

ATTORNEY
FILED