

L17000062769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Shares

Office Use Only



500300119235

06/09/17--01003--027 **55.00

FILED
2017 JUN 22 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2017

HILLER CONSTRUCTION & REMODELING GROUP LLC
LYDEE J. BARRETO DE HILLER
1985 SW MARBELHEAD WAY
PORT ST. LUCIE, FL 34953

SUBJECT: HILLER CONSTRUCTION AND REMODELING GROUP, LLC
Ref. Number: L17000062769

We have received your document for HILLER CONSTRUCTION AND REMODELING GROUP, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00011862

*corrected,
please File.*

RECEIVED
2017 JUN 22 AM 11:00
SECRETARY OF STATE

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hiller Construction & Remodeling group, 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:

Lydee J Barreto Hiller
Name of Person

Hiller Construction & Remodeling group, LLC.
Firm/Company

1985 SW Marblehead way,
Address

Port Saint Lucie, FL 34953.
City/State and Zip Code

hiller29@yahoo.com or hillerservicesgroup@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lydee Barreto Hiller at (772) 2123907
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hiller Construction & Remodeling Group, LLC
(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 03/20/17 and assigned
Florida document number L17000062769

FILED
2017 JUN 22 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Hiller Services Group, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1985 SW Marblehead way,
Port Saint Lucie, FL
34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above.

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Lydee J. Barreto Hiller</u>	<u>1985 sw Marblehead way, PSL, FL 34953</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
<u>V</u>	<u>Alfredo Hiller</u>	<u>1985 sw Marblehead way, PSL, FL 34953.</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Edgar Hiller</u>	<u>same address</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2011 JUN 22 PM 4: 08
FILED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

2017 JUN 22 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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:
(b) The 90th day after the record is filed.

Dated June 19, 2017.

Signature of a member or authorized representative of a member

Lydee Jeannette Barreto de Hiller

Typed or printed name of signee