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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hilderstone Properties, 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:
TETESA RACFORD Name of Person
HILDERSTONE Properties, LLC
55 Laurel Street
Cleakwater, LL 33761
Clearwater, FL 33767 City/State and Zip Code info@VACAtion Clearwater Reach. Come E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teresa Radford 11/27, 423 38/6
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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

Hilderstone 8		18 (SEC) TALL	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	HATE DCT	<u>. J</u>
The Articles of Organization for this Limited Liability Florida document number 470002384	Company were filed on <u>NVEMber 3, 201</u> 47	-5dAH 10: 2 Air (asir S i Air (SS) at FLOAI	
this affertament is submitted to afferte the following.		> 10	
A. If amending name, enter the new name of the lin	mited liability company here:		
Cyprus Avenue Beach	Rentals, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
		-	_
	mailing address, if applicable: ddress MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: ame of New Registered Agent:		
registered agent and/or the new registered office ad	ldress here:		
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
			_
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			☐ Remove
			Change
			
			☐ Remove
			☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove

____ Change

week	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	thesa Rad Dord
	Signature of a member or authorized representative of a member TCCSA RACTORD Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00