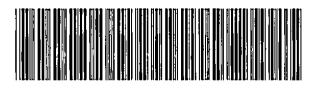
# 118000064599

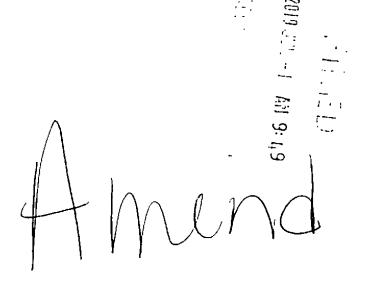
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Eiling Officer
Special Instructions to Filing Officer:
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Office Use Only



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JUL 02 2019
I ALBRITTON

# **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: 5	<del></del>	al Estate LL	
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Steven	Name of Person	
		Firm/Company	
	5721 W	his pering Willow	w Way
	toct W	1ers, FL 3390	)8
	shill@ ar	City/State and Zip Code CMain MOtor CO. Cor	<b>∽</b>
-		(to be used for future annual report no	
For further information conc	erning this matter, please o	all:	
		at ()	<u> </u>
Name of Pe	rson	Area Code Dayti	me Telephone Number
Enclosed is a check for the fe	ollowing 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



June 18, 2019

STEVEN HILL 5721 WHISPERING WILLOW WAY FORT MYERS, FL 33908

SUBJECT: 5 HILLS REAL ESTATE LLC

Ref. Number: L18000064599

We have received your document for 5 HILLS REAL ESTATE 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 document must have original signatures.

You failed to sign/date and type/print your name on the form.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 019A000122293

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 HOO, ROD ESTO	toccc
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) my)
The Articles of Organization for this Limited Liability Company were filed or Florida document number	Mach 12,2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Liability Company,"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	201
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	1 promi
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida strect address
City	Florida

### 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
MBR	Hendron Hill	5721 Whispering Willown	/aY□ Add
	should be	Fort Myers, FL 33908	Remove
	Hedron Hill		G Change
			Add
			Remove
			Change
			□ Remove
			Change
			D Add
			□ Remove
			□ Remove
			□ Change
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		<del></del>	Remove
			□ Change

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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord 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	6/25/19
.54104	Qu'i
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00