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COVER LETTER

Division of Corporations
SUBJECT: Hill TOP Gallery LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
. (
Herman Goodnan Jr
ivane of Person
Hill Top Gallery IIC
V Firm/Company 1

<u>GAINESUILLE FL 32401</u> City/State and Zip Code <u>hilltopgallery 897 @Gmail.com</u> Ismail address: No be used for inture annual report notification)

For further information concerning this matter, please call:

at (352) 226 - 0991 Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

TO:

Registration Section

□ \$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 radditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Fallahassee, FL 32314

STREET/COURIER ADDRESS:

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

	AMENDMENT O	
	O DRGANIZATION	
)F	
Hill TOP Gallery (Name of the Limited Liability Compared)	(C <u>iny as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were tiled on <u>05 02 2018</u> and assigned	
Florida document number <u>L18000111178</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	—
Enter new principal offices address, if applicable:		F 77
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		51.CH
	18 JUN 0	ECHE F
		BECHETARY O
	18 JUN OF CORPORATION	FILLU BECKETARY OF A
(Principal office address MUST BE A STREET ADDRESS)	18 JUN I PH 2:01	FILLU FILLU

registered agent and/or the new registered office address here:

Name of New Registered Agent:	NONE	
New Registered Office Address:	Enter Florida succet	oblese.
		. Florida
	Ciņ	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. Thereby 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</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

. .

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
mrg.	Devin Marshall	6648 TAPAWINGO RO PINSON AL 35126	∮ ∆dd
			Remove
			🗆 Change
			🖸 Add
			Remove
			Change
			Add
			🛛 Remove
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	<u>.</u>	<u> </u>	🖸 Add
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			Change

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

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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.

Herman Hooman In. Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
HERMAN Goodman Jr. Typed or primed name of signee

Page 3 of 3

Filing Fee: \$25.00