

L18000209638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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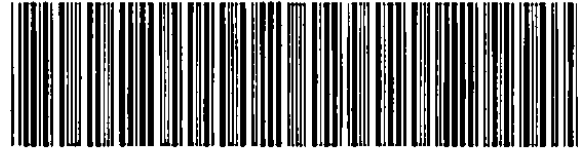
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HR ADVISORY SERVICES, 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:

REBECCA TOTTE
Name of Person

HR ADVISORY SERVICES
Firm/Company

15480 CAMP DUBOIS CRESCENT
Address

WINTER GARDEN, FL 34787
City/State and Zip Code

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

For further information concerning this matter, please call:

REBECCA TOTTE at (407) 927-1161
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

HR ADVISORY SERVICES, LLC

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 be
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
<u>MGR</u>	<u>REBECCA TOTTON</u>	<u>15480 CAMP DUBOIS CRES</u>	<input type="checkbox"/> Add
		<u>WINTER GARDEN, FL 34787</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>ROBERT TOTTON</u>	<u>15480 CAMP DUBOIS CRES</u>	<input type="checkbox"/> Add
		<u>WINTER GARDEN, FL 34787</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing titles as noted on previous page.

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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 November 9, 2020.

Rebecca Totten

Signature of a member or authorized representative of a member

REBECCA TOTTEN

Typed or printed name of signee

Filing Fee: \$25.00