

48000231480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

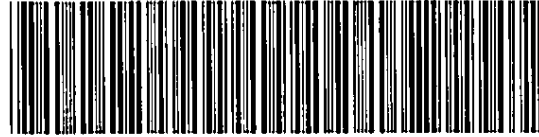
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K SALY

NOV 6 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDHILPRO 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:

HILSER BLASCO

Name of Person

EDHILPRO LLC

Firm/Company

10150 CROSSWIND RD

Address

BOCA RATON FL 33498

City/State and Zip Code

corpoedhilpro@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilser Blasco

561 613-1007
at ()

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

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18 OCT 25 AM 10:30
U.S. DEPT. OF JUSTICE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

N/A

10150 CROSSWIND RD

BOCA RATON, FL 33498

10150 CROSSWIND RD

BOCA RATON, FL 33498

N/A

N/A

Enter Florida street address

Florida

Cin:

Zip Code

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.

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	HILSER BLASCO	10150 CROSSWIND RD	<input type="checkbox"/> Add
		BOCA RATON FL 33498	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HILSER BLASCO	10150 CROSSWIND RD	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
TALLAHASSEE, FLORIDA

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

N/A

N/A

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18 OCT 25 AM 10:30
STATE OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: 10/20/2018 (optional)

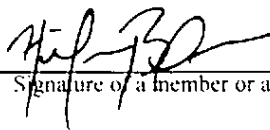
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 OCTOBER 22, 2018



Signature of a member or authorized representative of a member

HILSER BLASCO

Typed or printed name of signee