118000290645

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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I ALBRITTON

COVER LETTER

Division of Corpo				
SUBJECT:	Ai LL-Mack Name of Limit	Entarprises ted Liability Company	LLC	
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	Valerie	L. Hill Name of Person		
		Arc Enterpris	122 LL	C
	12301 Kernan	Forcal Blvd Address	<u>#1705</u>	
	Jacksonville	FL322S City/State and Zip Code		<u> </u>
-	<u>Malovaamusi</u> E-mail address: (to	be used for future annual re	port notification	n)
For further information cond	cerning this matter, please cal	11:		
Valeria Hi Name of Po	<u>U</u>	at (<u>904</u>) Area Code	405-8 Daytime Teler	804 phone Number
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclo		□ \$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



January 15, 2019

VALERIE HILL 1230 KERNAN FOREST BLVD #1705 JACKSONVILLE, FL 32225

SUBJECT: HILL-MARK ENTERPRISES LLC

Ref. Number: L18000290645

We have received your document for HILL-MARK ENTERPRISES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit the form in its entirety as there are pages missing.

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: 619A00001201

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	CISES LLC any as it now appears on our record Liability Company)	ds.
The Articles of Organization for this Limited Liability Company	were filed on12\19\	12018 and assigned
Florida document number <u>L18 000 290 645</u> .		₩
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	LC	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13301 KERNAN	Farest Blud
(Principal office address MUST BE A STREET ADDRESS)	#1705	
	Jacksonville, F	L 32225
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our record e:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	rs -
	Fi	orida _
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			Change
		 	□ Add
		 	☐ Remove
			Change
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an eff (ote:	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.
ated	January 23 . 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00