## L20000312332

| (Requestor's N                          | ame)             |
|---|------------------|
| (Address)                               |                  |
| (Address)                               |                  |
| (City/State/Zip/                        | Phone #)         |
| PICK-UP WA                              | IT MAIL          |
| (Business Entit                         | ty Name)         |
| (Document Number)                       |                  |
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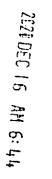
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## COVER LETTER

|                 | Registration Sect<br>Division of Corpo |  | ,   | *  |
|-----------------|--|--|---|--|
|                 | HILLCRE                                | ST PROPERTY HOLDING:                         | S LLC   | ý  |
| SUBJEC          | Т:                                     | Name of Lim                                  | ited Liability Company  |  |
| The enclo       | sed Articles of A                      | mendment and fee(s) are sub-                 | mitted for filing.  |  |
| Please ret      | urn all correspon                      | dence concerning this matter                 | to the following:   |  |
|                 |  | William F. Edward, Jr.                       |   |  |
|                 |  |  | Name of Person  |  |
|                 |  |  | Firm/Company  |  |
|                 |  | 1408 Bluebird Pl                             |   |  |
|                 |  | Orlando, FL 32803                            | Address   |  |
|                 |  | OTMINO, 1 D 32003                            | City/State and Zip Code   |  |
|                 |  | wfedward@edwardgroupl<br>E-mail address: (   | le.com<br>to be used for future annual report no                    | outication)  |
| For furthe      | er information cor                     | ncerning this matter, please ca              | ull:  |  |
| William         | F. Edward, Jr.                         |  | 407 693-3819<br>at ()   | )  |
|                 | Name of I                              | Person                                       | Area Code Dayt  | ime Telephone Number   |
| Enclosed        | is a check for the                     | following amount:                            |   |  |
| <b>■</b> \$25.0 | 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:                       |  | Street Address:   | Castion  |
|                 | Registration Se<br>Division of Co      |  | Registration S<br>Division of C                                     |  |
|                 | P.O. Box 6327                          | -  | The Centre of   | <del>-</del>   |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HILLCREST PROPERTY HOLDIN  | GS LLC  |                            |
|--|---|----------------------------|
| (Name of the Limited I<br>(A   | jability Company as it now appears on our records.) Forida Limited Liability Company) | 6                          |
| The Articles of Organization for this Limited Liabi  |   | and assigned               |
| Florida document numberL20000312332  | ·   | <u>.</u>                   |
| This amendment is submitted to amend the followi   | ng:   |                            |
| A. If amending name, <u>enter the new name of th</u>   | e limited liability company here:   |                            |
|  | N/A   |                            |
| The new name must be distinguishable and contain the word  | s "Limited Liability Company," the designation "LLC" or t                             | he abbreviation "L.L.C."   |
| Enter new principal offices address, if applicabl  | e:  |                            |
| (Principal office address MUST BE A STREET   | (DDRESS)  |                            |
|  |   |                            |
|  |   |                            |
| Enter new mailing address, if applicable:  |   |                            |
| (Mailing address MAY BE A POST OFFICE BO   | <u></u>   |                            |
|  |   |                            |
|  |   |                            |
| B. If amending the registered agent and/or regi-<br>agent and/or the new registered office address h |   | name of the new registered |
|  |   |                            |
| Name of New Registered Agent:  | N/A   |                            |
| New Registered Office Address:   |   |                            |
|  | Enter Florida street address  |                            |
| _  | , Florid:   | 1                          |
|  | Cny   | 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 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

| <u>Title</u> | <u>Name</u>                       | <u>Address</u>                                  | Type of Action |
|--------------|-----------------------------------|---|----------------|
| AMBR         | William F. Edward                 | 1408 Bluebird Pl.                               | □ Add          |
|              |                                   | Orlando, FL 32803                               |                |
|              |                                   |   | □ Change       |
| AMBR         | William Ford Edward, Jr., Trustee | William Ford Edward, Jr. Revocable Living Trust | <b>≣</b> Add   |
|              |                                   | 1408 Bluebird Pl.                               | □Remove        |
|              |                                   | Orlando, FL 32803                               | □Change        |
|              |                                   |   | 🗆 Add          |
|              |                                   |   | □Remove        |
|              |                                   |   | □Change        |
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| Effective date, if other than the da             | ite of filing:                            | (optional)  |
| If an effective date is listed, the date must be | e specific and cannot be prior to date of | f filing or more than 90 days after filing.) Pursuant to 605.0 tutory filing requirements, this date will not be listed |
| document's effective date on the Department      |   | g. roduceron management   |
|  |   |   |
|  | ate, but not an effective time, at 1.     | 2:01 a.m. on the earlier of: (b) The 90th day after t   |
| rd is filed.                                     |   |   |
| December I                                       | 2020                                      |   |
| (/):.  |   | Λ   |
| _ Uill   | . Willey                                  |   |
| Si   | gnature of a member or authorized rep     | presentative of a member  |
| William Ford Edward, Jr.,                        | Trustee                                   |   |
|  | Typed or printed name of                  | of signee   |

Filing Fee: \$25.00