

K210000074143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

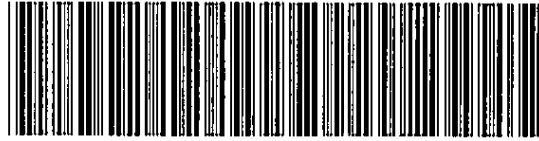
Certified Copies _____ Certificates of Status _____

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2021 JUN 17 A 11:24

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 17 PM 10:50

June 2, 2021

STEVEN GOLDBERG
5070 RUSTIC OAKS CIRCLE
NAPLES, FL 34105

SUBJECT: HILLBERG SERVICES, LLC
Ref. Number: L21000074143

We have received your document for HILLBERG SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Summer Chatham
OPS

Letter Number: 221A00011857

FILED

2021 JUN 17 A 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HILLBERG SERVICES L.L.C.

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:

STEVEN GOLDBERG

Name of Person

HILLBERG SERVICES L.L.C.

Firm/Company

5070 RUSTIC OAKS CIRCLE

Address

NAPLES, FL, 34105

City/State and Zip Code

STEVEGOLD61@GMAIL.COM

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

For further information concerning this matter, please call:

STEVEN GOLDBERG

Name of Person

at (850) 272-0328

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HILLBERG SERVICES L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on FEB. 12, 2021 and assigned Florida document number L21000074143

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

STEVEN GOLDBERG

New Registered Office Address:

5070 RUSTIC OAKS CIRCLE

Enter Florida street address

NAPLES

City

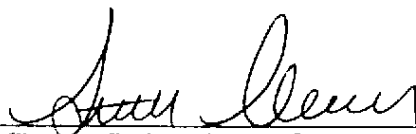
Florida

34105

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	JENNIFER HILL	5070 RUSTIC OAKS CIR	<input type="checkbox"/> Add
		67 NAPLES, FL. 34105	<input checked="" type="checkbox"/> Remove

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2021 JUN 17

(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)

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 JUNE 14, 2021

Typed or printed name of signee

Filing Fee: \$25.00