

L21000221852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

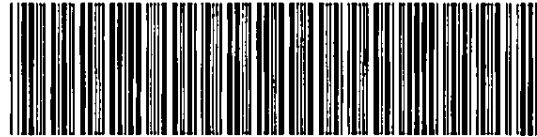
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FIN



RECEIVED

2021 AUG -6 PM 2:46

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2021

OLGA SOLOVENKO  
500 N FEDERAL HWY SUITE 421  
HALLANDALE BEACH, FL 33008

SUBJECT: HILLS HOLDING 5, LLC  
Ref. Number: L21000221852

We have received your document for HILLS HOLDING 5, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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: 721A00016053

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721A-6

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hills Holding 5 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:

Olga Solonenko  
Name of Person

Firm/Company

500 S Federal Hwy Suite 421  
Address

Mallandale, FL 33008  
City/State and Zip Code

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

For further information concerning this matter, please call:

Olga Solonenko at (754) 423-8144  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11-15-01 BY SP-1

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

Mills Holding 5 LLC

(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 \_\_\_\_\_ and assigned Florida document number L21000221852

This amendment is submitted to amend the following:

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

NA

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:

New Registered Office Address:

NA

Enter Florida street address

\_\_\_\_\_, Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Da Silva, Alessandro T	500 W Federal Way 421	<input type="checkbox"/> Add
		Hallandale, FL 33008	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Solonenko, Olga	500 W Federal Way 421	<input type="checkbox"/> Add
		Hallandale, FL 33008	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vault Trust	500 S Federal Hwy Suite 421	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL 33008	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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.

July 25

\_\_\_\_\_ 2021 \_\_\_\_\_

Signature of a member or authorized representative of a member

Olga Sofonaki  
Typed or printed name of signee