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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		;
enower. Hi	11-hop Designs L	'-LC	
506JELT:	Name of Lim	ated Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	and fee(s) are submitted for filing.  erning this matter to the following:  Angel Rosario  Name of Person  Sill top Designs LCC  Firm/Company  Address  Address  Address  Address  Ale land A 33812  City/State and Zip Code  Sill top Designs, Ale gmail.com  E-mail address: (to be used for future annual report notification)  is matter, please call:	
Please return all corresno	ndence concerning this matter	Angel Rosario Name of Limited Liability Company  Angel Rosario Name of Person  Hillop Designs LLC Firm/Company  5658 Fischer Drive  Address  Lake land F. 33812  City/State and Zip Code  Hillop Designs AR @ Gmailcom  E-mail address: (to be used for future annual report notification)  errning this matter, please call:  Sario  at (407) Area Code  By 555.00 Filing Fee & S60.00 Filing Fee.	
		Designs LLC Name of Limited Liability Company  ment and fee(s) are submitted for filing.  concerning this matter to the following:  Angel Rosavia  Name of Person  Hilltop Designs LLC  Firm/Company  5658 Fischer Dvive  Address  Lakeland, FL 35812  City/State and Zip Code  Hilltop Designs, AR @ gmailcom  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  Area Code  at (407)  Area Code  Daytime Telephone Number  Fing amount:  60.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
	Angel Rose	avio	
		Name of Person	
	Hilltop Desi	gas LCC	
		Firm/Company	<del></del>
	5658 Gida	hic. in	
	or so framer	Address	
	Lake land	A 33812	
		City/State and Zip Code	
	Hilltop Designs	s. AR @ gmail.com	
	E-mail address: (	to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all;	
Ancal	Pa Causin	167 982 -	4907
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	7	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hilltop Designs	LLC
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Lunited Liability Company)
The Articles of Organization for this Limited Liab	•
Florida document number <u>L 21000 355</u>	<u> </u>
This amendment is submitted to amend the follow	ring:
A. If amending name, <u>enter the new name of the same o</u>	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	2V)
manng quaress MAT DE ATOST OFFICE De	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	istered office address on our records, enter the name of the new regist here:
New Registered Office Address:	ं व
New Registered Office Address.	Enter Florida street address  O  Florida
	City Zip Code
New Registered Agent's Signature, if changing Reg	<u></u> ' <u>'</u>
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
CEO	Angel Rosavio	5658 Fischer Drive	□ Add
		Lakeland, Fz 33812	Remove
			□Change
MGR	Angel Rosario	5658 Fischer Drive	<u> </u>
		Lakeland, FL 33812	□Remove
			□ Change
VP	Angolica Rosario	5658 Fischer Drive	□Add
		Lakeland, FZ 33812	⊠Remove
			□Change
MGR	Angelica Losario	5658 Fischer Drive	PAGG
		Lakeland, FL 33812	□Remove
			□Add
			□Remove
		<del> </del>	□Change
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Effective da	date inserted in this		et the applicable sta	of minds of more than 40	(optional) days after filing.) Pursuan nents, this date will not	
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Note: If the document's corrected specific record specific is filed.				$2:01$ a.m <sub><math>\xi</math></sub> on the ear	lier of: (b) The 90th da	ay after the
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