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PILED 2027 APR -4 AM II: 13 SECRETARY OF STATE TALLAHASSEF TATE

COVER LETTER

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TO:

Registration Section
Division of Corporations

ROBERT I	HILTON LLC		•
NUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	KRISTI L HILTON		
		Name of Person	
	ROBERT HILTON LLC		
		Firm/Company	
	8107 SW 92ND CIR		
		Address	
	Name of Limited Liability Company ad Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: KRISTI L HILTON		
	<u> </u>	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	ification)
For further information of	concerning this matter, please ca	all:	
KRITI HILTON			
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Se Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBERT HILTON LLC

2022 APR -4 AM II: 13

(Name of the Limited Liabi (A Florid	ility Company as it now appears on the da Limited Liability Company) TALL	FRECORDS STATE AHASSEF, FI	
The Articles of Organization for this Limited Liability		· · · · · · · · · · · · · · · · · · ·	ed
Florida document number L22000117868			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new re	<u>egister</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Register	red 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>	Address	Type of Action
MGR	ROBERT C HILTON	8107 SW 92ND CIR	= Add
		OCALA, FL 34481	□Remove
		·	□Change
			□Add
			□Remove
			□Add
			□Remove
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ective date, if othe	er than the date of filing	•		(optional)	
effective date is listed,	, the date must be specific and ed in this block does not m	cannot be prior to date of	filing or more than 90	days after filing.) Pursu	ant to 605.020
ument's effective da	ate on the Department of St	ate's records.	and the second		
cord specifies a dela s filed.	iyed effective date, but not a	an effective time, at 12	2:01 a.m. on the ear	rlier of: (b) The 90th	day after the
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