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COVER LETTER

	Division of Cor		•					
CHID IEC		Hill Street, LLC						
SUBJEC	· · ·	Name of Lim	ited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ondence concerning this matter	to the following:					
		Allen Rosenthal						
			Name of Person	Code A32-8859 Daytime Telephone Number				
			Firm/Company					
		2951 Burnett Terrace						
			Address					
		The Villages, Florida 3216	53					
			City/State and Zip Code					
		racd44@yahoo.com	to be need for fiture annual report no	tilication)				
For furth	er information o	concerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
John T. Marshall, Esq.		352 432-8859 at ()						
_	Name c	of Person	Area Code Dayti	nie Telephone Number				
Enclosed	l is a check for t	he following amount:						
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy				
	Mailing Addres		Street Address: Registration S	ection				
Registration Section Division of Corporations			Division of Corporations					
	P.O. Box 632		The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hills Street, LLC			
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited L		anuary 23, 2023 and assign	ned
his amendment is submitted to amend the foll			
a. If amending name, enter the new name o	of the limited liability company l	here:	
he new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the abble vization	
Enter new principal offices address, if applic	eable:	25 <u>U</u>	
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)	ASSE 18	Caraca,
		EE. FLOR	
Inter new mailing address, if applicable:			<u>.</u>
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	<u></u>	
3. If amending the registered agent and/or gent and/or the new registered office addre		records, enter the name of the new r	egister
Name of New Registered Agent:	Allen Rosenthal		
New Registered Office Address:	2951 Burnett Terrace		
	Enter Fl	lorida street address	-
	The Villages	Florida <u>32163</u>	
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			□Add
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			□Change

STATEMENT: This is a sir	ngle-member, mar	nager-managed	I I.I.C.				
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ffective date, if other than th	e date of filing:			.1 00	_(optional)	1 D	. 605 B30
an effective date is listed, the date mulote: If the date inserted in this b	ist be specific and ca lock does not med	mnot be prior to et the applicab	date of filing of	r more than 90 c lling requireme	ents, this date	will not be	listed a
ocument's effective date on the I	Department of Star	te's records.	-				
record specifies a delayed effecti I is filed.	ve date, but not ar	effective time	e, at 12:01 a.i	m. on the earli	er of: (b) Th	ie 90th day	after the
is tiled.							
June 29		2023	~	-: ·			
rated	·						
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			and managements	tive of a membe	<u>·</u>		_

Filing Fee: \$25.00

Typed or printed name of signee