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(Requ	estor's Name)	
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COVER LETTER

TO:

TO: Registration 5 Division of Co					
	E HOUSE 813 LLC				
SUBJECT:	Name of Lin	aited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Matthew Foreman				
		Name of Person			
	HILLSIDE HOUSE 813 L	A.C			
		Firm/Company			
	10464 Hetrick Cir W				
		Address			~.,
	Largo, FL 33774				
		City/State and Zip Code		·-	1
	mattforeman88@gmail.com	to be used for future annual report not	(fication)		ن
For further information	concerning this matter, please c	·	mean,	٠	
Matthew Foreman		727 251-2445			
Name	of Person	at () Area Code Daytin	ne 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)	S60,00 Fil Certificate Certified (tadditional c	e of Stat Copy	tus &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HILLSIDE HOUSE 813 LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on <u>03/31/2023</u>	and assigned		
Florida document number L23000162046				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
		-13		
Enter new mailing address, if applicable:		9		
(Mailing address MAY BE A POST OFFICE BOX)		72.4		
		Lands		
B. If amending the registered agent and/or registered office	address on our records, <u>enter th</u>	e name of the new registered		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is		

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	Matthew Foreman	10464 HETRICK CIR WLARGO, FL 33774	≅Add
			□Remove
			□Change
MGR	Jillian Foreman	10464 HETRICK CIR WLARGO, FL 33774	= Add
			□Remove
			□Add
		<u>:</u> :	Remove
			Change
			Add
			□Remove
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Tective date, if other than an effective date is listed, the date	the date of filing:		(op	tional)	
an effective date is listed, the date ote: If the date inserted in th	must be specific and cannot be is block does not meet the a	prior to date of filing opplicable statutory (и more than 90 days af Tling requirements, t	ier filing.) Pur his date will	suant to 605,020 not be listed a
ocument's effective date on the	ne Department of State's rec	cords,			
record specifies a dela	aved effective date, hi	t not an effectiv	re time, at 12·01	a.m. on	the earlier
The 90th day after the	record is filed.			2 0. .	
nted May 3	2023				
M.	<u></u>	·			
11/100	1/1				

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Typed or printed name of signee