## L23000522760

(Requestor's Name)
(Address)
(Address)
(160.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

SECRETARY OF STA

## **COVER LETTER**

TO: Registration Se Division of Cor			,
SUBJECT:	Hill Brand Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Gabr	riel G. Hillebr Name of Person	rand
	#1	Brand LLC Firm/Company	
		Firm/Company	200 SE
	5891	Trumpet St.	TALLA TALLA
		Port FL 34	表现 子 人
		City/State and Zip Code	ication)
For further information c	oncerning this matter, please ca	all:	
Gabriel H	tillebrand FPerson	at (248) 515-3 Area Code Daytime	3731 Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	· <del></del>	Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

till Brand	LLC
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $\underline{L23000522}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
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 ADDRES	(S)
	S 25
	TA TA
Enter new mailing address, if applicable:	DEC T
(Mailing address MAY BE A POST OFFICE BOX)	五章 \$ >>
	90 <b>2 11</b>
	TIS CO
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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 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 1	Address	Type of Action
Mar	Jennifer, Hillebrand	5891 Trumpet St.	DAdd
		north Port, FL 34291	Remove
			□Change
Mgr.	Gabriel G. Hillebrard	15891 Trumpet St.  North Port, FL 34291	XAdd
		North Port, FL 34291	Remove
		PART OF STATE	Remove 2023 DC Change C 14 Add C
			Change
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an effective lote: If th	date, if other thate date is listed, the date inserted in the seffective date on	ite must be speci this block does	fic and cannot to not meet the	e prior to date of applicable stat	f filing or more that	(option 190 days after irements, this	filing.) Pursu	ant to 605.0 of be listed	207 l as
record spe l is filed.	ecifies a delayed e	ffective date, b	ut not an effe	ctive time, at I	2:01 a.m. on the	earlier of: (b	) The 90th	ı day after t	the
ated				23					
	$\bigwedge_{a}$	nnilon	d 4	tillebre	oresentative of a m				
		Signature	e of a member	or authorized rep	resentative of a m	ember			