

L23000522760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

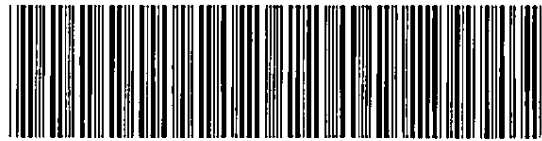
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000420230360

12/14/23--01013--001 **25.00

FILED
2023 DEC 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hill Brand LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriel G. Hillebrand
Name of Person

Hill Brand LLC
Firm/Company

5891 Trumpet St.
Address

North Port, FL 34291
City/State and Zip Code

hello@hillbrandcc.com
E-mail address: (to be used for future annual report notification)

FILED
2023 DEC 11 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Gabriel Hillebrand at (248) 515-3731
Name of Person Area Code Daytime 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)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Hill Brand LLC

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>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Jennifer^{L.} Hillebrand</u>	<u>5891 Trumpet St.</u>	<input type="checkbox"/> Add
		<u>North Port, FL 34291</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mgr.</u>	<u>Gabriel G. Hillebrand</u>	<u>5891 Trumpet St.</u>	<input checked="" type="checkbox"/> Add
		<u>North Port, FL 34291</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 DEC 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

2023 DEC 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2023 DEC 14 AM 0:11

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/11, 2023

Jennifer A. Hillebrand
Signature of a member or authorized representative of a member

Jennifer L Hillebrand
Typed or printed name of signee