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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Heights of Chicago 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:
Please return an correspondence concerning this matter to the following.
Tracy Toannon Name of Person
The Heights Firm/Company
482 N Wilson St Address
Crestview, FL 32536 City/State and Zip Code
the heights CCCQ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tracy Townon at (850) 499 - 1016 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Heights of (Name of the Limited	Chicago L C Liability Combany as it now appears on or Florida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liab	· · · · · · · · · · · · · · · · · · ·	01/2019	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designat	ion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicab	le.	-1 :-	2021
(Principal office address MUST BE A STREET ADDRESS)			<u></u>
Principal office address MOST BE A STREET	ADDRESS		1
	<u> </u>	 	
Enter new mailing address, if applicable:		· -	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg gent and/or the new registered office address		s, <u>enter the name of</u>	the new registo
Name of New Registered Agent:	Tracy Toannon		
New Registered Office Address:	Enter Florida stre	eet address	
		. Florida	
	City		Lip 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.

Il 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	William Toannon	196 W Pine Ave	
		Crestview, FL 32536	☑ Remove
			□Change
<u>AMBR</u>	Tracy Townson	4069 Woodmac D	□Add
		Crestview, FL 32539	□Remove
			DChange
AMBR	Madeline Toannon Hernande	. 215 Ridge Lake Rd Crestriew. FL 32536	_ Add
		Crestriew. FL 32536	Remove
			2: 1
			<u>`</u> ∃Add
			□Remove
			□Change
			□Add
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			[] Change
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			□Remove
			□Change

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		2021
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mo If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	(optional) ore than 90 days after filing, requirements, this date	.) Pursuant to 605.020
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o filed.	n the earlier of: (b) Th	ic 90th day after th
d May 31st, 2021. Juany Signature of a member or authorized representative of		