## L02000033639

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE
ALLAHASSEE, FLORIE

S. HAWKES

NOV 1-7 2009

**EXAMINER** 

S. HAWKES
DEC -1 2009
EXAMINER



November 17, 2009

MIGUEL BREBAN 157 E NEW ENGLAND AVE SUITE 402 WINTER PARK, FL 32789

SUBJECT: HIGHLAND FOUR, LLC

Ref. Number: L02000032639

We have received your document for HIGHLAND FOUR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 409A00035844

Suzanne Hawkes Regulatory Specialist II

## **COVER LETTER**

TO: Registration Se Division of Co						
SUBJECT:	Highla	nd Four, LLC				
		ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Miguel Breban					
		Name of Person				
	Highland Four, LLC					
	Firm/Company					
	157 E. New England Ave. Suite 402					
Address						
Winter Park, FL 32789						
		City/State and Zip Code	······································			
	residentialgroup@aol.com  E-mail address: (to be used for future annual report notification)					
			cation)			
For further information	concerning this matter, please c	all:				
M	iguel Breban		733-4018			
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for t	he 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 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our records.)			
. (A Florida	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability C	ompany were filed on 12/05/2002 and assumed			
Florida document number L02000032639				
This amendment is submitted to amend the following:	ted liability company here:			
A. If amending name, enter the new name of the lim	ted liability company here:			
The new name must be distinguishable and end with the wo "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	157 E. New England Ave. Suite 402			
(Principal office address MUST BE A STREET ADD)	ESS) Winter Park, FL 32789			
Enter new mailing address, if applicable:	157 E. New England Ave. Suite 402			
(Mailing address MAY BE A POST OFFICE BOX)	Winter Park, FL 32789			
Marining www.csa.iviii Bib iii Obi Oli I Cib Boile				
registered agent and/or the new registered office add	ered office address on our records, enter the name of the new ess here:  Garcia, PA			
No. 10 Paris and 10 Mars 1 Add 10 Mars 1 Mar	400 N. Ferncreek Avenue			
New Registered Office Address: 400	Enter Florida street address			
	Orlando Florida 32803-5432			
<del></del> -	City Sip Code			
New Registered Agent's Signature, if changing Registere	•			
New Registered Agent 5 Signature, in changing Registere	Agent.			
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register	and agree to act in this capacity. I further agree to comply with d complete performance of my dyligs, and I am familiar with and tent as provided for in Chapter 618, E.S. Or, if this document is			

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FLG Dynamic Investments	7179 Lake Carlisle Boulevard Orlando, FL 32829-7644	Add ✓ Remove
MGRM_	Republic Housing, LLC	157 E. New England Avenue Suite 402 Winter Park, FL 32789	Add  TO Remove  TO Add  TO Remove  A deby  Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	Add Remove
_ _ _			·····
Dated	October 1 d agent as proving stered office additional stered of the ster	act in this capacity. I jurther agree performance of my duties, and I ded for in Chapter 648, E.S. C wass) I hereby confirm that the r or authorized representative of a member	
	/ N	Mario Garcia, PA or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00