

L05000035766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

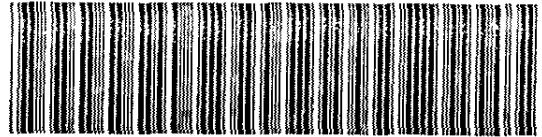
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Washington Hights Investments, 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:

Holly Cohen
(Name of Person)

Holly Cohen, P.A.
(Firm/Company)

1380 Miami Gardens Drive, Suite 255
(Address)

North Miami Beach, Florida 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Cohen at (305) 945-9449
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &
Certificate of Status
Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Washington Hights Investments, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 04/12/2005 and assigned document number L05000035766.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

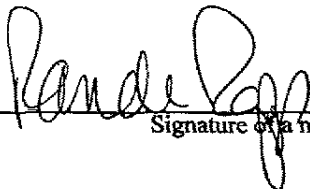
The name "Washington Hights Investments, LLC" to be changed to "Washington Heights Investments, LLC"

Dated July 7, 2005

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature of a member or authorized representative of a member

Randi Rapp

Typed or printed name of signee

Filing Fee: \$25.00