## 10115000000

(Requestor's Name)					
(Address)					
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	<del></del>				
Special Instructions to Filing Officer:					
·					

Office Use Only

G. MCLEOD

JUN 2 4 2008

EXAMINER



300131343713

06/23/08--01021--023 \*\*25.00

08 JUN 23 PH 3: 50

## **COVER LETTER**

TO: Registration Section of Corp.			· ·
SUBJECT: HIGHLAN	ID PARK FURNITURE (Name of Lim	II L L C ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	RONALD WALTER		
		(Name of Person)	
		(Firm/Company)	
		(Address)	
	RIVERVIEW, FL 33578		
	•	(City/State and Zip Code)	
For further information cor	ncerning this matter, please c	all:	
RONALD WALTER		at ( 813 ) 833-1280	
(Name of	Person)	(Area Code & Daytime T	elephone 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



08 JUN 23 PM 3: 59

HIGHLAND PARK FURNIT	URE IL L. C	D D
HIGHLAND PARK FURNIT (Name of the Limited (?	A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited L	iability Company were filed on	<u>02/27/2006</u> ■ and assigned
Florida document number <u>L.06000021101</u>	·+	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company	here:
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	<del></del>	
B. If amending the registered agent and/ registered agent and/or the new registered o		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	8907 KEY WEST ISLAND V	
<del>-</del>		(Enter Florida street address)
	RIVERVIEW	, Florida 33578
	(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 608, 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 Changing Registered Agent, Signature of New Registered Agent)

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:

	: Manager I = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	_		Add Remove
			Add Remove
			Add Remove
			Add Remove
			<b>_</b> Add <b></b> Remove
D. If aı	nending any other information, enter chan  Change MGRM address for WALTER, ROI	nge(s) here: (Attach additional sheets, if necessary.) NALD M and WALTER, PATRICIA C to:	_
	8907 KEY WEST ISLAND WAY		
	RIVERVIEW, FL 33578		
	Change MGRM address for WALTER, GU	Y D to:	
	14743 7th AVE NE, BRADENTON, FL 343	212	<del></del>
Dated J	W	THUNG	
	_	er or authorized representative of a member	<del>_</del>
	RONALD WALTER Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00