Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000405183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN

Account Number : I20070000020 Phone

: (813)435-3176 er : (813)333-6358

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHMARK PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

J. BRYAN

Electronic Filing Menu

Corporate Filing Menu

Help FEB 2 4 2009

EXAMINER

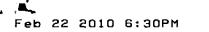
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHMARK PROP			
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appear lity Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were	re filed on	02/19/2010	and assigned
Florida document numberL10000019352			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company her	<u>'e</u> :	
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Compa	ny," the designation "I	LC" or the abbreviati
Enter new principal offices address, if applicable:			SE SE
(Principal office address MUST BE A STREET ADDRESS)			CRR P
· _			B 2
			SET SET
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE ROX)			15 8 C
·			8 - 6 STATE 8 - 8
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on o	ur records, <u>enter t</u>	4 *
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addr	ess
	<u></u> ,	, Florida	
Cit	ту Т		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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ANDREA GAGNON	PO BOX 544	Add
		FRUITI AND PARK FL 34731	✓ Remove
MGRM	ANDREA JORDON	PO BOX 544	✓ ∧dd
		FRUITLAND PARK FL 34731	Remove
			Add
			Remove
			Add
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary)	10 F
		HAS	FEB 23
- -		<u> </u>	R S M
 -		F CORP	2 00 [7
	<u> </u>	712 On	6
Dated	FEBRUARY 22 201	0 .	
		 -	
-	() ~	or authorized representative of a member D REPRESENTATIVE OF THE MEMBER	
-		r printed name of signee	13

Page 2 of 2

Filing Fee: \$25.00