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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
High Mark	Commercial Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Harl		
		Name of Person	<del></del>
	High Mark Commercial	Services, LLC	
		Firm/Company	<del></del>
	1220 Winter Garden Vin	eland Rd, Suite 100	
		Address	
	Winter Garden, FL 3478	7	
		City/State and Zip Code	
	tom@highmarkgc.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information o	oncerning this matter, please c	all:	
Thomas Harl		407 749-6500 at ()	
Name o	f Person	Area Code Daytim	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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High Mark Commercial Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 11/21/2011 and assigned
Florida document number L11000131874	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8730 Apache Trail
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34747
Enter new mailing address, if applicable:	8730 Apache Trail
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34747
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
<del></del>	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agriprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging 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	
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AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		************	□Remove
			☐ Change
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			□Remove
			□Change

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	<del></del>
ffective date, if other than the an effective date is listed, the date mote:  If the date inserted in this locument's effective date on the	e date of filing:  (optional)  ast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
record specifies a delayed effect is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 1st	2020
alcu	

Filing Fee: \$25.00