## L/2000090703

(Re	questor's Name)	
, (Ad	dress)	
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(Cit	ty/State/Zip/Phone	⊋ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Return Re	iques Dic	Q
	Office Use On	Iv



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JUL 24 2015 S. YOUNG



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## FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA

July 8, 2015

HIGHMARK REAL ESTATE, LLC SCOTT PHILLIPS 3711 W SWANN AVE, STE. 104 TAMPA, FL 33609

SUBJECT: HIGHMARK REAL ESTATE, LLC

Ref. Number: L12000090703

We have received your document for HIGHMARK REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 815A00014252

FILED

SECRETARY OF STATE

SECRETARY OF STATE

AND ADMINISTRATION OF THE PROPERTY OF THE PROPE

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	Highmark R	eal Estate, LLC		
SUBJECT,		Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	edence concerning this matter	to the following:	
		Scott Phillips		
			Name of Person	
		Highmark Real Estate, LL	C	
			Firm/Company	<del></del>
		3711 W Swann Ave Suite	104	
			Address	
		Tampa, FL 33609		15 <b>5</b>
		sphillips@highmarkpropert	City/State and Zip Code y.com	cation) FILE I
			to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	Post P
Scott Phillip	s		813 335-7577 at ( )	<b>温泉</b> 市
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

Registration Section

TO:

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 Compa (A Florida Limited I	ny as it now appears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number L12000090703		and assigned
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 Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3711 W Swann Ave, Suite 104	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33609	TIGO OF
		過程工
Enter new mailing address, if applicable:	3711 W Swann Ave, Suite 104	-6 P
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33609	de R
		一 一 一
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		enter the name of the new
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is

If Changing 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			Change
			Add
			Remove
			Change
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fective date, if other than in effective date is listed, the date	the date of filia	ng:	a prior to data	of filing or mor	(0)	ptional)
ote: If the date inserted in thi	s block does not	meet the	applicable sta	atutory filing	requirements,	this date will not be listed
cument's effective date on th	e Department of	State's re	cords.			
record specifies a dela			ut not an e	effective tir	ne, at 12:0	a.m. on the earlier علام
The 90th day after the	record is filed	1.				
June 30		2015				至原 岩 工
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Page 3 of 3

Filing Fee: \$25.00