L1300008029

(Requestor's Name)
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COVER LETTER

TO:	Registration of		ions			
SUBJE	ст:ј	VEW	HEIGHTS J	ERK CENTT	ER, LLC	
				,,,,,		
The enc	losed Article	es of Amer	dment and fee(s) are sub	mitted for filing.		
Please r	eturn all cor	respondenc	ee concerning this matter	to the following:		
		_	VERONIC	Name of Person	2145	
				rume or recom		
				Firm/Company		
			4327 5	SOUTH HWY	27 STE	606
			,	SOUTH HWY Address		
		_	CLERM	OHT FLORIC	JA 347	11
			a 14	City/State and Zip Code	1	
		_	E-mail address: (to be used for future annual	report notification)	·
For furt	her informat	ion concer	ning this matter, please e	all:		
	VEROR	ui ca	CLARICE	at (<u>347</u>) Area Code	320 - 23	44
	Na	ime of Perso	on	Area Code	Daytime Telepho	one Number
Enclose	ed is a check	for the foll	owing amount:			
□ \$ 25	5.00 Filing F	ce 🗋	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW HEIGHTS J	ERIC CENTER LLC Company as it now appears on our records.) imited Liability Company) mpany were filed on
(A riorida i.	imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on OI 16 2013 and assigned 3
Florida document number <u>L13060008029</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	
	MA
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	N 4
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	MA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
agent and or the new registered office address here.	
Name of New Registered Agent:	NIA
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAUL N. RASHFORD	3616 BRIAR RUN DRIVE	@Xdd
		CLERMONT, FL. 34711	□Remove
			🗇 Change
			□Add
			□Remove
			ElChange
		 .	DAdd
			□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			DAdd
			□Remove
			Change

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated January 25th 2020.
Looke Colle
Signature of a member or authorized representative of a member
VERONICA CLARICE Typed or printed name of signee

Filing Fee: \$25.00