

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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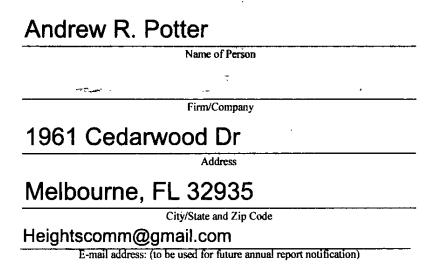
TO: Registration Section
Division of Corporations

Heights Business Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

andrew Potter

...321**、821-855**4

Name of Person

Area Code & Daytime Telephone 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**

Heights Business Solutions, LLC

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

(A Florida Limited)	Liability Company)	ાં છે 🔭 🔭
		学生 1
The Articles of Organization for this Limited Liability Company	were filed on January 16, 2013	and assigned.
Florida document number L1300008061	,	
This amendment is submitted to amend the following:		3. E. S. E. S.
A. If amending name, enter the new name of the limited liab	Imited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation DDRESS) gistered office address on our records, enter the name of the new address here: Enter Florida street address Florida City Zip Code	
		and the second s
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_	,	
		,
		the name of the new
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and compacept 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.	plete performance of my duties, and provided for in Chapter 608, F.S. O	l am familiar with and r, if this document is

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrew R. Potter	1961Cedarwood Dr	Add
		Melbourne, FL 32935	Remove
MGR	Steven A. Potter	1961 Cedarwood Dr	Add
		Melbourne, FL 32935	Remove
			Remove
		SST CON STATE OF STAT	E Add
			Remove
			Add
			_ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
d	
-	
	A
" —	Andr - Oth
-	Adrew Patters Signature of a member or authorized representative of a member
" —	Andr - Oth

Filing Fee: \$25.00

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