

L14000071522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

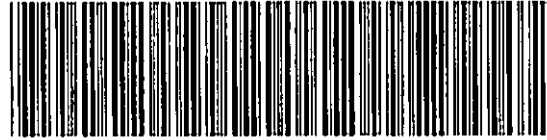
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 22 2018  
T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heights Property, 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:

Elizabeth M. Graham
Name of Person

Heights Property, LLC
Firm/Company

5002 Puritan RD
Address

Tampa, FL 33617
City/State and Zip Code

foreverbeautiful@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Graham at (813) 389-2090
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Selected: \$25.00 Filing Fee
Other options: \$30.00 Filing Fee & Certificate of Status, \$55.00 Filing Fee & Certified Copy, \$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
Executive Center Circle
Tallahassee, FL 32301

EXHIBIT A
LEGAL DESCRIPTION

Plat Book 9, Page 21 of the Public Records of Hillsborough County, Florida
Lots 2 and 3, Block 25, AVA LINDON HEIGHTS, according to the map or plat thereof recorded in Tallahassee, FL 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Heights Property, 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 5-2-14 and assigned Florida document number L14000071522.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

Elizabeth Graham

5002 Puritan RD

Tampa, FL 33617

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF COUNTY  
HILLSBOROUGH COUNTY  
FLORIDA

**B. If amending the registered agent and/or registered 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: \_\_\_\_\_

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.*

Plat Book 9, Page 21, of the Public Records of Hillsborough County, Florida  
Lots 2 and 3, Bloc 25, AVALON HEIGHTS, according to the map or plat thereof recorded in

\_\_\_\_\_  
Signature of New Registered Agent

EXHIBIT A

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

Title	Name	Address	Type of Action
MGR	Matilda Morabito	3495 Fish Hawk Road	<input type="checkbox"/> Add
		Deltong, Fl.	<input checked="" type="checkbox"/> Remove
		32738	<input type="checkbox"/> Change
MGR	Theresa Burbridge	1001 Yale Ave	<input type="checkbox"/> Add
		Bradenton, Fl.	<input checked="" type="checkbox"/> Remove
		34207	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)(b)

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 Sept 18 . 2018

*Elizabeth M. Graham*

Signature of a member or authorized representative of a member

Elizabeth M. Graham

Typed or printed name of signee