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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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SECRE JARY OF STATES
DIVISION OF CORPORATION

N COOPER MAY 03 2018

COVER LETTER

Di	vision of Corp	porations		
SUBJECT:		LAKES ONE, LLC		
School CT.		Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Leandro Paiva		
Name of Person				
		Highland Lakes One, LLC		
Firm/Company				
17071 West Dixie Highway suite 104				
Address				
		North Miami Beach, FL		
City/State and Zip Code				
		paivalea@hotmail.com		
		E-mail address: (1	to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	all:	
Leandro Pa	iva		305 760-5101 at (
	Name of	Person		Telephone Number
Enclosed is	a check for th	e 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)

TO:

Registration Section

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

HIGHLAND LAKES ONE, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<u>_</u>
The Articles of Organization for this Limited Liability Company were filed on		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
	the Comment of the Laboration of Laboration	-like wind a second of the contract of the con
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	17071 West Dixie Highway	abbreviation "L.L.C."
• • •	Suite 104	
(Principal office address MUST BE A STREET ADDRESS)	Outle 101	7
(Principal office address MUST BE A STREET ADDRESS)	North Miami Beach, FL 33160	AY " OF
		THE TARY OF S
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	North Miami Beach, FL 33160	Y - CO

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

North Miami Beach

17071 West Dixie Highway - Suite 104

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33160 Zip Code

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			Add
			Remove
			Change
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. If amending any other inform	nation. enter changels) have: (Anach additional sheets, if necessary	ry.)	
			
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		r ·	NETA PAS
			CORPORI
	<u> </u>	AM II: 20	ORAI
		<u></u>	ON:
			•
Effective date, if other than the	ne date of filing: (optional nust be specific and cannot be prior to date of filing or more than 90 days after fillng or more than 90 da	l) 12.) Pursuant to 605	3.0207 (3
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this dat	te will not be liste	ed as th
the record specifies a delay) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m ecord is filed.	. on the earli	er of:
Dated April 25	2018		
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		
	Leandro Paiva		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00