

K15000036062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

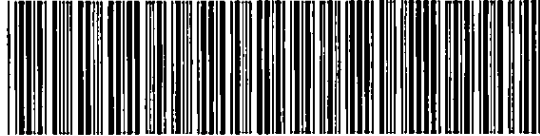
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG -3 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHER HEIGHTS GROUP, 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:

DENA L GOLDFINE

Name of Person

HIGHER HEIGHTS GROUP, LLC

Firm/Company

502 E MAIN ST

Address

LAKELAND, FL 33801

City/State and Zip Code

DENA@HIGHERHEIGHTSGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENA L GOLDFINE

863 663-6288
at ()

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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 AUG -3 AM 11:21

ATIONS
COMMERCIAL
OFFICE

July 20, 2022

DENA L GOLDFINE
502 E MAIN ST
LAKELAND, FL 33801

SUBJECT: HIGHER HEIGHTS GROUP, LLC
Ref. Number: L15000036062

We have received your document for HIGHER HEIGHTS GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 422A00016156

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DENA L GOLDFINE	502 E MAIN ST	<input type="checkbox"/> Add
		LAKELAND, FL 33801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHESTER P CANLAS	4207 WINDING VINE DRIVE	<input type="checkbox"/> Add
		LAKELAND, FL 33812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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 July 29, 2022

Shera J. Goldfine

Signature of a member or authorized representative of a member

Dena L. Goldfine

Typed or printed name of signer