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09/10/15--01009--003 **25.00



SEP 11 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HIGHLAND PARK 1070 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:
JEAN PIER RE BRUNOIS Name of Person
HIGHLAND PARK 1020 LLC Firm/Company
1717 N. BAYSHORE DR #3847 Address
NIANI FL 33132 City/State and Zip Code
HIGHLAND PARKIDED & GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VANESSA QUA ?!L at (186) 449-8021 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

HIGHLANT (Name of the Limited Li (AF)	D PARK iability Compai lorida Limited L	1070 LLC ay as it now appoints in the company	ears on our record	<u>s.</u>)		
The Articles of Organization for this Limited Liabili	_	were filed on _	4124/20	15	_ and as	signed
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabi	lity company	<u>here</u> :			
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the	e designation "LLC	" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable	:	···			- [2]	\.
(Principal office address MUST BE A STREET AL	DDRESS)		· · · · · · · · · · · · · · · · · · ·	SEC	5	1 mm 1 mm
Enter new mailing address, if applicable:				HASSEE.	SEP 10 PM	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	2			CORIO	2: 52	
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered off address here	fice address (:	on our records	, enter the	e name	of the ne
Name of New Registered Agent:	DENIS	LANOUE		·		
New Registered Office Address:	N F1F1		RE DR # 1			
	MIAHI	City	, Flo	orida <u>33</u>	3132 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.

f 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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change **≧**□ Add Remove Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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record specifies a dela The 90th day after the			t an effective	time, at 12:	01 a.m.	on the	earlier (
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Filing Fee: \$25.00