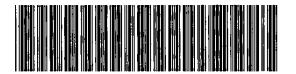
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Con	
Highland C	City Gardens, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Joel S. Piotrkowski, Esquire
	Name of Person
	Green & Piotrkowski, PLLC
	Firm/Company
	317 - 71st Street
	Address
	Miami Beach, FL 33141
	City/State and Zip Code
	joel@gkppa.com E-mail address: (to be used for future annual report notification)
	· ·
For further information c	concerning this matter, please call:
Joel S. Piotrkowski	305 901-1281
Name o	at () of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status 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

Gardens, LLC			
gny as it now appears an our records.) Liability Company)			
y were filed on September 21, 2015 and assigned			
bility company here:			
oility Company," the designation "LLC" or the abbreviation "L.L.C."			
5190 Ariva Boulevard			
Lakeland, FL 33812			
304 Indian Trace			
#534			
Weston, FL 33326			
office address on our records, enter the name of the new re:			
Florida			

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.

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>	Name	Address	Type of Action
MGR	David McMillan	2505 D R Bryant Road	≅ Add
		Lakeland, FL 33810	☐ Remove
			☐ Chunge
			□ Removo
			Change
			D Add
			☐ Remove
			Change
			
			Remaye
			Addt.
			☐ Change
			Add
			Remove
			□ Change

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-		1000 E		(m.)
Effect	ve date, if other than the date of filing: (optional)	3.5	<u> </u>	
(If an ef <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pull the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	irsuant to II not be	605.02 listed	07 (3 as th
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the e	arlier	of:
Dated	8/12,2016			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00