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COVER LETTER

Highland	Street Properties LLC		
SUBJECT;	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael E. Zealy		
		Name of Person	······································
	Highland Street Properties	LLC ·	
		Firm/Company	
	2225 Overlook Drive		<u>-1</u> , , ,
		Address	
	Mount Dora, Florida 3275	7	THAR 29 PH 12: 1
		City/State and Zip Code	29
	michael@zealy.com	to be used for future annual report notif	fication) 55
For further information	concerning this matter, please ca	·	fication) Fig. 15
Michael E. Zealy		954 817-3016 at ()	
Name	of Person	Area Code Daytime	e 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/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 STREET PROPERTIES LLC	-
(Name of the Limited Liab	lit

ed 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 October 17, 2016 and assigned Florida document number L16000192041 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

, Florida

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>	Type of Action
MGR	Paul M. Borowsky	21417 Quarter Cove	□ Add
		Mount Dora, FL 32757	Remove
			☐ Change
			Add
			□ Remove
			Change
			TO ALL ARE
	,		□Add CAHASSEE CRAME CAHASSEE CAHASSEE CHARGE
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
	 		
			☐ Remove
			☐ Change

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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)
If the date inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 603.0. Filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
d March 26, 2017	

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Filing Fee: \$25.00