LIGOOOP3613

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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

Divi	ision of Corp			
CUDICAT.	HEIGHTS M	IARKET, LLC		
SUBJECT:		Name of Lim	nited Liability Company	
		amendment and fee(s) are sub	•	
		CHARLES J BRUCK		
			Name of Person	
		SOHO CAPITAL, LLC		
		_	Firm/Company	
		701 S HOWARD AVE ST	TE 106-322	
		 	Address	
		TAMPA, FL 33606		
			City/State and Zip Code	
		CHAS@SOHO-CAPITAL. E-mail address: (.COM (to be used for future annual report notification)	
For further in	nformation co	ncerning this matter, please c		
CHARLES .		5	813 335-9210	71
Enclosed is a	Name of	Person e following amount:	at (
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 asee, 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

HEIGHTS MARKET, LLC		
(Name of the Limited Liab (A Flori	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000193613	y Company were filed on 10/20/16 and assig	med
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
HEIGHTS PUBLIC MARKET, LLC		
The new name must be distinguishable and contain the words "Li	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	egistered office address on our records, enter the name of ddress here:	f the ne
Name of New Registered Agent:	AHA A	7]
New Registered Office Address:	Futor Florida atrest address	
	City Zip Code	
New Registered Agent's Signature, if changing Register	ered 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** □ Add ☐ Remove _□ Change _□ Add □ Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add □ Remove \square $\widetilde{\text{Add}}$ _□ Remove _□ Change _□ Add ☐ Remove ☐ Change

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n effe <u>ste:</u> I	ve date, if other than the date of filing: (optional)— ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ted _	NOVEMBER 2ND, 2016.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00