

L17000033192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

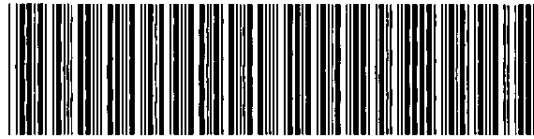
(Business Entity Name)

(Document Number)

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OF FLORIDA

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APR 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIGH LEVEL HOLDINGS FLORIDA, 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:

Frances Casey Lowe

Name of Person

Guilday Law

Firm/Company

68-A Feli Way

Address

Crawfordville, Florida 32327

City/State and Zip Code

francie@franielowe.com

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

For further information concerning this matter, please call:

Michelle Maloni

850 926-8245

Name of Person

at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

he limited Liability
SECRETARY OF STATE
TASSETT, FLORIDA
new Registered Agent
03-04

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>
AMBR	Janice E. Nerland, Trustee of <u>Janice Elaine Nerland</u> <u>Trust u/t/d 6/22/2012</u>	3012 Greyabbey Court Tallahassee, FL 32309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	David N. Nerland, Trustee of <u>David Nyall Nerland Trust</u> <u>u/t/d 6/22/2012</u>	3012 Greyabbey Court Tallahassee, FL 32309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Douglas R. Nerland and Brenda J. <u>Nerland Co-Trustees of</u> <u>Douglas R. Nerland Trust</u> <u>u/t/d 9/8/2003</u>	11821 Gail Drive Tampa, FL 33617	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Douglas R. Nerland and Brenda J. <u>Nerland Co-Trustees of</u> <u>Brenda J. Nerland Trust</u> <u>u/t/d 9/8/2003</u>	11821 Gail Drive Tampa, FL 33617	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

[illegible]

(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)

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 April 12, 2017

James C. Howe A Horney
Signature of a member or authorized representative of a member

Frances Casey Lowe

Typed or printed name of signee

FILED
2017 APR 13 AM 04
SECRETARY OF STATE
ALLAN ROBERT FLORIDA