

L17000169089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/1/17
correction per Leisg Fraser. (signature)

Office Use Only



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09/25/17--01009--015 **25.00

FILED
17 AUG 31 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2017

CANUTE J THOMAS
9907 NW 55 PLACE
CORAL SPRINGS, FL 33067

SUBJECT: HIGHER HEIGHTS LLC
Ref. Number: L17000169089

We have received your document for HIGHER HEIGHTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INSERT TITLES OF AMBR, MGR OR AP FOR THE PEOPLE YOU ARE ADDING AND/OR CHANGING ON PAGE 2. MR AND MS ARE NOT ACCEPTABLE TITLES

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00017840

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Higher Heights LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carute J. Thomas.
Name of Person

Higher Heights LLC.
Firm/Company

9907 NW 55 Place
Address

Coral Springs FL 33067
City/State and Zip Code

kjkthomas@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leisa Fraser at (973) 735-7661.
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

~~Robert Murray~~ Higher Heights LLC
(Name of the Limited 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 8/8/17 and assigned
Florida document number 2170002169029

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Higher Heights LLC
The new name must be distinguishable and contain the word "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 ADDRESS)

Carole J Thomas
8907 New SS PI
Carol Springs FL 33067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
AMBR	CAROLIE J THORNS	8907 NW 55 Place	<input checked="" type="checkbox"/> Add
		Corral Springs FL	<input type="checkbox"/> Remove
		33067	<input type="checkbox"/> Change
MGR	ROYDEL MURRAY	52 W Sample Rd	<input type="checkbox"/> Add
		APT 102	<input type="checkbox"/> Remove
		Corral Springs	<input checked="" type="checkbox"/> Change
		FL 33067	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEISA FRASER	700 SW 72 Ave	<input checked="" type="checkbox"/> Add
		# 914 Plantation	<input type="checkbox"/> Remove
		FL 33324	<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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[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.

Signature _____

Annate J Thomas
Typed or printed name of signer

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