

L17000243338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ ~~WAIT~~

☐ MAIL

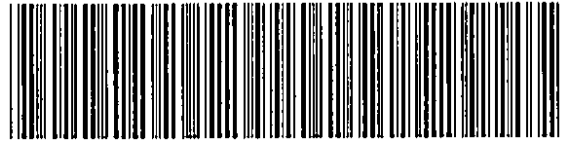
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 NOV 27 AM 3:04

2019 NOV 27 11:32:21

Amend

NOV 26 2019
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Higher Views, 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:

Alvin J. Smith
Name of Person

Firm/Company

1720 Laurel St.
Address

Bartow, FL 33830
City/State and Zip Code

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

For further information concerning this matter, please call:

Alvin J. Smith at (863) 512-06-76
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Page 1 of 3


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(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.

November 16, 2014


Signature of a member or authorized representative of a member

Alvin J. Smith
Typed or printed name of signee