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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:				
SOBULCT.			ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		ROBERT M. CHISHOLM,	ESQ.	
Name of Person				
		ROBERT M. CHISHOLM,	PA	
ROBERT M. CHISHOLM, PA  Firm/Company  7378 SW 48 STREET, SUITE B  Address  MIAMI, FL 33155  City/State and Zip Code  wtoyos@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ROBERT M. CHISHOLM  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy				
		7378 SW 48 STREET, SUI	TE B	
			Address	·····
		MIAMI, FL 33155		
			City/State and Zip Code	<del></del>
		wtoyos@bellsouth.net		
		E-mail address: (to	be used for future annual report notificat	tion)
For further in	nformation cor	ncerning this matter, please cal	H:	
ROBERT M. CHISHOLM				
	Name of I	Person	Area Code Daytime Te	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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 CITY CENTER, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000021068	Company were filed on JANUARY 23, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	y here:  he designation "LLC" or the abbreviation "L.L.C."  TEB 25 P FLORE TARY OF STARY OF S
		<b>89</b>
Enter new mailing address, if applicable:		~4
(Mailing address MAY BE A POST OFFICE BOX)		<b>こ</b> (1) (1)
		7 7 5
		ZATE STATE
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		·
	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

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	JEMIMA CUBAS	22 SALAMANCA AVENUE, SUI	
		CORAL GABLES, FL 33134	■ Remove
			☐ Change
MGR	WALDO TOYOS, III	2 SALAMANCA AVENUE, SUIT	■ Add
		CORAL GABLES, FL 33134	☐ Remove
			□ Change
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Note:	ve date, if other than the date of filing:	07 (3 as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated <sub>.</sub>	2/21/18	
	1100	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00