LI 8000038057

	(Requestor's Name)	
	(Address)	_
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	



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COVER LETTER

	legistration Sec Division of Corp			
et:b 1077	Heights Inve	estment Properties		
SUBJECT	r:	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspon	dence concerning this matter	to the following:	
		Evan Johnson		
		<u> </u>	Name of Person	
			Firm/Company	
		1208 E Kennedy Blvd Uni	Name of Person Firm/Company Blvd Unit 1217 Address City/State and Zip Code @gmail.com address: (to be used for future annual report notification) please call: at (904	
			Address	
		Tampa, FL 33602		
		evanwadejohnson@gmail.co		cation)
For further	information co	ncerning this matter, please ca		
Evan John	ison		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for the	following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

Heights Investment Properties		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.18000038057}{1.18000038057}$.	pany were filed on 2/12/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		18 11 5
Enter new mailing address, if applicable:		1 35 m
(Mailing address MAY BE A POST OFFICE BOX)		<u>න</u> සතුල ස
		18 20 20 20 20 20 20 20 20 20 20 20 20 20
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B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the new
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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kamilla Altunyan	2108 N Ola Ave. Unit 716	
		Tampa, FL 33602	Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
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Effec	tive date, if other than the date of filing:	int to 605 02
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	
docui	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	e earlier
	July 3rd, 2018	
Dated	· · · · · · · · · · · · · · · · · · ·	

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Typed or printed name of signee

Filing Fee: \$25.00