

h18000194545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

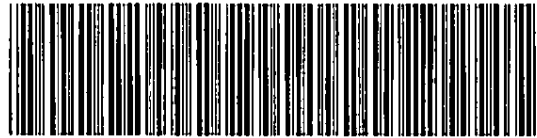
(Document Number)

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FEB 11 2022

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2022 FEB -4 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hightower Enterprises 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:

Jeremy Shaw

\_\_\_\_\_  
Name of Person

Hightower Enterprises LLC

\_\_\_\_\_  
Firm/Company

830 Eyrie Drive, Suite 1040

\_\_\_\_\_  
Address

Oviedo, Florida 34765

\_\_\_\_\_  
City/State and Zip Code

jeremy@medcapres.com

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

For further information concerning this matter, please call:

Jeremy Shaw

\$13 600-0018  
at ( )

\_\_\_\_\_  
Name of Person

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 Address:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 FEB -4 PM 2:45

HIGHTOWER ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 14, 2018 and assigned  
Florida document number L18000194545.

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 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)

830 Eyrie Drive, Suite 1040

Oviedo, Florida 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

830 Eyrie Drive, Suite 1040

Oviedo, Florida 32765

**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:

Jeremy Shaw

New Registered Office Address:

830 Eyrie Drive, Suite 1040

Enter Florida street address

Oviedo

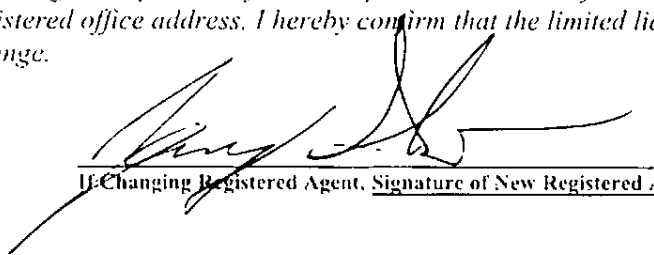
City

Florida 32765

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>	<u>Type of Action</u>
Mgr	Amber Kimberly	830 Eyrie, Suite 1040	<input type="checkbox"/> Add
		Oviedo, Florida 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Sunlight Health LLC	830 Eyrie, Suite 1040	<input checked="" type="checkbox"/> Add
		Oviedo, Florida 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

2022

Jeremy Shaw

Typed or printed name of signee

**Filing Fee: \$25.00**