

L18000243123

(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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2020 DEC 28 PM 2:25
STATE
TALLAHASSEE FL

O SIMMONS

JAN 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 DEC 10 PM 3:00

December 10, 2020

CONNER HIGHTOWER
7703 MCELVEY RD
STE B
PANAMA CITY BCH, FL 32408

SUBJECT: HIGHTOWER INDUSTRIES LLC
Ref. Number: L18000243123

We have received your document for HIGHTOWER INDUSTRIES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 420A00024813

*The document
has been signed.
Thank you!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHTOWER INDUSTRIES 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:

CONNER HIGHTOWER

Name of Person

HIGHTOWER INDUSTRIES LLC

Firm/Company

7703 MCELVEY RD STE B

Address

PANAMA CITY BEACH FL 32408

City/State and Zip Code

CONNER@HIGHTOWERINDUSTRIESLLC.COM

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

For further information concerning this matter, please call:

CARLA HIGHTOWER

850 6252789
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

2020 DEC 28 PM 2: 25

HIGHTOWER INDUSTRIES LLC

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

STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/16/2018 and assigned
Florida document number L18000243123.

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)

805 GAMEWELL AVE

MAITLAND FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7703 MCELVEY RD STE B

PANAMA CITY BEACH FL 32408

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

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>	2020 DEC 28 PM 2: 25	<u>Type of Action</u>
MGR	CARLA HIGHTOWER	805 GAMEWELL AVE MAITLAND FL 32751	DATE TIME	<input checked="" 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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				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED

2020 DEC 28 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FL

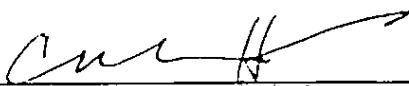
E. Effective date, if other than the date of filing: 10/26/2020 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 26, 2020


Signature of a member or authorized representative of a member

CONNER HIGHTOWER

Typed or printed name of signee