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SECRETARY OF STATE

Chanair

## **COVER LETTER**

TO:	Reg Divi	istration Se isi <b>on</b> of Cor	ection porations			26
e1:b1	PCT.	-	ts Capital, LLC -Adding a man	aging member		SECT OF THE
SUBJ	SUBJECT:Name of Limited Liability Company					2018 HOW TO SEE TANK OF
The er	nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		Erici.
Please	return	all correspo	ondence concerning this matter	to the following:		
			Sebastien Allaire			
	Name of Person					-
	Weatherby Healthcare					
	Firm/Company				-	
	6451 North Federal Highway, Ste 700					
Address			-			
	Fort Lauderdale, FL 33308  City/State and Zip Code sebastien.allaire@gmail.com					
					-	
			E-mail address: (	to be used for future annual repor	rt notification)	
For fu	irther it	nformation c	oncerning this matter, please co	all:		
Sebas	tien Al	llaire		954 226-01.	35	
		Name o	f Person	Area Code 1)	aytime Telephone Numbe	г
Enclo	sed is a	i check for th	he following amount:			
<b>≘</b> \$3	25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	ne of Status &
		Registr	ING ADDRESS: ration Section on of Corporations	STREET/CO Registration S Division of C		
	P.O. Box 6327 Clifton Building					

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Heights Capital, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 2nd, 2018 Florida document number 1.18000258136 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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
Mr.	Sebastien Allaire	5635 NE 2nd Terrrace Oakland Park, FL 33334	<b>B</b> Add
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the a	ipplicable statutory	g or more than 90 days of filing requirements	optional) after filing.) Pursuant to s, this date will not be	605.0207 listed as
the recor <b>d</b> specifies a delayed ) The 90th day after the reco		it not an effect	ive time, at 12:	01 a.m. on the e	arlier of
Dated November 09	2018				
	100	To AM	4	>	
	Signature of a member or	Comparison of the comparison o	vation of a mumber		_
	Signature of a inember of	i admonized represer	Native of a member		
Sebastien Allaire		printed name of sig			

Page 3 of 3

Filing Fee: \$25.00