## L21000211173

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October 31, 2021

JOHN MITCHELL 543 PENENSULAR DR. LAKELAND, FL 33813

SUBJECT: HIGHLANDS BEVERAGE GROUP, LLC

Ref. Number: L21000211173

We have received your document for HIGHLANDS BEVERAGE GROUP, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00026476

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

|                               | HIGHLANDS BEVERAGE GROUP, LLC                |   |   |          |  |  |
|-------------------------------|--|---|---|----------|--|--|
| SUBJECT:                      | Name of Lim                                  | ited Liability Company  | 2021 NOT - 9  | AH 9: 以  |  |  |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | mitted for filing.  |   |          |  |  |
| Please return all correspo    | ondence concerning this matter               | to the following:   |   |          |  |  |
|                               | John Mitchell                                |   |   |          |  |  |
|                               |  | Name of Person  |   |          |  |  |
|                               | HIGHLANDS BEVERAG                            | E GROUP, LLC  |   |          |  |  |
|                               | <del></del>                                  | Firm/Company  | <del>-</del>  |          |  |  |
|                               | 543 Peninsular Drive                         |   |   |          |  |  |
|                               |  | Address   |   |          |  |  |
|                               | Lakeland, FL 33813                           |   |   |          |  |  |
|                               |  | City/State and Zip Code   | -   |          |  |  |
|                               | webbywiz@hotmail.com                         |   |   |          |  |  |
|                               | E-mail address: (                            | to be used for future annual report notif                           | ication)  |          |  |  |
| For further information co    | oncerning this matter, please co             | all:  |   |          |  |  |
| John Mitchell                 |  | 801 755-2035<br>at ()   |   |          |  |  |
| Name o                        | f Person                                     |   | e Telephone Number  |          |  |  |
| Enclosed is a check for th    | ne following amount:                         |   |   |          |  |  |
| □ \$25.00 Filing Fee          | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Cop (additional copy | Status & |  |  |
| Mailing Addres Registration S |  | Street Address:<br>Registration Sec                                 | ation   |          |  |  |
| Division of C                 |  | Division of Cor   |   |          |  |  |
| P.O. Boy 632                  | •  | The Centre of T   | ·   |          |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HIGHLANDS BEVERAGE GROUP, LLC   |   |                        |
|---|---|------------------------|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limited        | pany as it now appears on our records.)<br>Liability Company) | <del></del>            |
| The Articles of Organization for this Limited Liability Compan          | y were filed on 05/05/2021                                    | and assigned           |
| lorida document number L21000211173                                     |   |                        |
| his amendment is submitted to amend the following:                      |   |                        |
| a. If amending name, enter the new name of the limited lia              | bility company here:  |                        |
| he new name must be distinguishable and contain the words "Limited Lial | pility 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)                      |   |                        |
|   |   |                        |
|   |   |                        |
| Enter new mailing address, if applicable:                               |   |                        |
| Mailing address MAY BE A POST OFFICE BOX)                               |   |                        |
|   |   |                        |
|   |   |                        |
| 3. If amending the registered agent and/or registered office            | address on our records, enter the na                          | me of the new register |
| gent and/or the new registered office address here:                     |   | 9 2                    |
|   |   | 2021 HO                |
| Name of New Registered Agent:   |   |                        |
| New Registered Office Address:  |   |                        |
| New Neglitered Office Address.  | Enter Florida street address                                  | 19 3 Th                |
|   | , Florida   | FS -                   |
|   | City  | -Zip Codi              |

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.

New Registered Agent's Signature, if changing 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 |
|--------------|------------------|---|----------------|
| VP           | Whitnee Mitchell | 543 Peninsular Drive Lakeland, Fl 33813 | □Add           |
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|   |               | 10/14/20         |                    |                    |                  |                   |
| Effective date, if other than the (If an effective date is listed, the date m | ie date of fi | ling:            |                    | or more than 90 da | (optional)       | int to 605 0207 ( |
| Note: If the date inserted in this document's effective date on the           | block does no | ot meet the app  | licable statutory  |                    |                  |                   |
| he record specifies a delayed effect ord is filed.                            | ive date, but | not an effective | e time, at 12:01 a | a.m. on the earlie | of: (b) The 90th | day after the     |
| October 14  |               | 2021             |                    |                    |                  |                   |
| 01.   | <i>D</i>      | 1 Rs             | ·                  |                    |                  |                   |
| ( 1/2/5   | 1100          | ( //             |                    |                    |                  |                   |

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Typed or printed name of signee