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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

2022 FEB 25 PM 1:50

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HIGHPOINT CAPITAL SPE1, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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MAR 01 2022

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highpoint Capital SPEI, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Siegel

Name of Person

Highpoint Capital SPEI, LLC

Firm/Company

20992 Uptown Ave., Apt. #106

Address

Boca Raton, FL 33428.

City/State and Zip Code

jonsiegel1@gmail.com

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

For further information concerning this matter, please call:

Jonathan Siegel

at (516) 801-1715

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Highpoint Capital SPEI, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

6015 Washington St.

Hollywood FL 33023

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

6015 Washington St.

Hollywood FL 33023

2. The Florida document number of this limited liability company is: M22000001743

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 2, 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

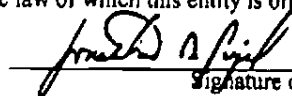
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
remove authorized person and add the members of the LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Fredric Gruder	33 E. Carver St., STE 4	<input type="checkbox"/> Add
		Huntington, NY 11743	<input checked="" type="checkbox"/> Remove
Member	Jonathan Siegel	20992 Uptown Ave., Apt. #106	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33428	<input type="checkbox"/> Remove
Member	Bruce Guarino	600 NW 5th Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, FL. 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Jonathan Siegel

Typed or printed name of signee

Filing Fee: \$25.00