

P07000016139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

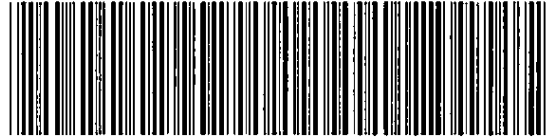
(Business Entity Name)

(Document Number)

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LAW OFFICES
LUIS E. BARRETO & ASSOCIATES, P.A.

DOUGLAS CENTRE, SUITE 507
2600 S. DOUGLAS ROAD
CORAL GABLES, FLORIDA 33134
TELEPHONE: (305) 358-1771
FACSIMILE: (305) 358-1773

LUIS E. BARRETO, ESQUIRE
LUISA LINARES, ESQUIRE
YUNI BARRETO, ESQUIRE
STEPHANIE MIRANDA, ESQUIRE
LAUREN C. LLORCA, ESQUIRE

LEGAL ASSISTANTS
ALEJANDRA MONTEALEGRE, FRP
YANEISI LEDESMA HERNANDEZ

VIA FEDEX TRACKING NO.: 7732 4508 1845

August 29, 2023

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: HIGHMARK ATLANTIC CORPORATION, a Florida corporation
TCJV, LLC, a Florida limited liability company
Our File No.: 6426**

Dear Sir or Madam:

Enclosed please find the following:

1. Articles of Amendment – Highmark Atlantic Corporation, along with the filing fee in the amount of \$35.00 made payable to the Florida Department of State; and
2. Articles of Amendment – TCJV, LLC, along with the filing fee in the amount of \$25.00 made payable to the Florida Department of State.

Should you have any questions or need anything further, please do not hesitate to contact our office. Until then, I remain

Very truly yours,

LUIS E. BARRETO & ASSOCIATES, P.A.


STEPHANIE MIRANDA, ESQUIRE
smiranda@miamiprobate.com

For the firm

REC'D
DIVISION OF CORPORATIONS
-1
PM 1:30
AUG 30 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HIGHMARK ATLANTIC INCORPORATED

DOCUMENT NUMBER: P07000016139

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Miranda, Esquire

Name of Contact Person

Luis E. Barreto & Associates, P.A.

Firm/ Company

2600 S. Douglas Road, Suite 507

Address

Coral Gables, Florida 33134

City/ State and Zip Code

smiranda@miamiprobate.com

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

For further information concerning this matter, please call:

Stephanie Miranda, Esq.

at (305)

358-1771

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

2003 SEP -1 PM 1:30
FILE

Articles of Amendment
to
Articles of Incorporation
of

HIGHMARK ATLANTIC INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000016139

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2600 S. Douglas Road, Suite 507

Coral Gables, FL 33134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2600 S. Douglas Road, Suite 507

Coral Gables, FL 33134

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Luis E. Barreto & Associates, P.A.

2600 S. Douglas Road, Suite 507

(Florida street address)

New Registered Office Address:

Coral Gables

(City)

Florida 33134

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c), F.S.

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DATE

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PD	ANNA G. SMITH RIVERA	PO Box 331197
<input type="checkbox"/> Add			Miami, FL 33233
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	PD	JOANNA SMITH NAVARRETE	c/o 2600 S. Douglas Road, Ste 507
<input checked="" type="checkbox"/> Add			Coral Gables, FL 33134
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

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(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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— 2 —

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

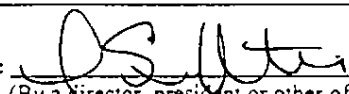
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

Dated August 22, 2023

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOANNA SMITH NAVARRETE

(Typed or printed name of person signing)

Successor Trustee of the ASR Living Trust, as Amended and Restated on February 14, 2023

(Title of person signing)

2023 SEP - 1 PM 1:30
DATE