L23000372505

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(Address)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations							
a								
SUBJECT: RO High	Name of Lim	ited Liability Company	· -					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	April Matthews							
	April Matthews	Name of Person		· 2				
		rune of termin		- 1 10 23				
	RO High, LLC.			8	CF			
		Firm/Company		6 2 AF	(3 ²			
				表。——	£			
	4700 Millenia Blvd. #175			JUG 21 AM II				
		Address		2023 AUG 21 AM 10: 22 SEPALLÁNAS SEE, FL	Ĭ,			
				FE 2				
	Orlando, FL 32839							
		City/State and Zip Code						
	April-matthews@att.net		· · · · · · · · · · · · · · · · · · ·					
	E-mail address: (to be used for future annual report notif	ication)					
For further information of	concerning this matter, please c	all:						
April Matthews		at (954) 319-6555						
	of Person		e Telephone Number	-				
Enclosed is a check for t	he following amount:							
☐ \$25,00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Fi	ling Fee.				
	Certificate of Status	Certified Copy	Certifica	te of Status &				
		(additional copy is enclosed)	Certified (additional	Copy copy is enclosed)				
		G						
Mailing Addres		Street Address: Registration Sec	ction					
Registration Section Division of Corporations		Division of Cor						
P.O. Box 632		The Centre of Tallahassee						
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RO High		·		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company lorida document number 1.23000372505	and assigned			
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	oility company here:			
O High, LLC.		_		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or	the abbreviation \$3.L.C."		
inter new principal offices address, if applicable:		A STATE OF THE		
Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>	So >		
		(7) TK		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		- E 2		
8. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	P. W. H H			
	Enter Florida street address			
	, Florid			
	City	Zip Code		

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 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>	Address	Type of Action
			□Remove
			Change
			□Add
			ALL AHAS
			AHASSEE, FL
			□ Change
			DbbA□
			□Remove
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			□Remove
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Note: If the date	other than the date listed, the date must be s inserted in this block of	loes not m	ect the applic	cable statuto	ing or more t	op han 90 days aft quirements, t	tional) er filing.) Pursua his date will no	ant to 605 of be liste	.0207 (ed as t
document's effect	ive date on the Depart	ment of St	ate's records						
e record specifies rd is filed.	a delayed effective dat	e, but not :	an effective t	ime, at 12:0	01 a.m. on th	ne earlier of:	(b) The 90th	day after	r the
Dated	August 18		2023	_A: /					
		Ar	WW.						
	Sign	aturejof a n	nember or auth	orized repres	sentative of a	member			
		April A	. Matthews						

Filing Fee: \$25.00