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08 JUL 28 PN 2: 34
SECRETARY OF STATE
ALLAHASSEE FLORINA

T. HAMPTON

Juli 2 9 2008

EXAMPLE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: HTGHCAND GROUP, LL (Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MARK ROBENTO					
(Name of Person)					
HIGHLAS GROUP					
(Firm/Company)					
424 E. CENTRAL BLVD, #355					
(Address)					
CNLANDO [2 32801					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Mark Roserto at (407, 230 - 4142) (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified to Status Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

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

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	iability Company lorida Limited Lia bility Company w \$36.76		records.) OR JESSSIGNED TALLAHRASSEE, FLORIDA OR JESSSIGNED TALLAHRASSEE, FLORIDA	
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applicable of the address MUST BE A STREET	ole:	424 E. OKLANDO.	CENTRAL BLVE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		424 C. C. # 355 ORLANDO	FL 32801	
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:	424 E.	CENTRAL S (Enter Flori	oLVD, #355 ida street address)	
	Brla	NO O (City)	Florida 3280 (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action **Title** Address _ Add Remove 🗂 Add 🗖 Remove Remove Add Remove Add
Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00