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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Highland	US LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	David Lutz		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	100 Cypress Breeze Blvd.	N	
		Address	
	Santa Rosa Beach, FL. 324		
	DLutz928@aol.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notification) all:	
David Lutz		615 419-9085	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
<u>Mailing Addr</u> Registration		Street Address: Registration Section	

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

TO:

Registration Section

Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Highland US LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{January }18,2006}{\text{January }18,2006}$ _____ and assigned Florida document number _____L06000006229 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Enter Florida street address

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.

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If Changing Registered Agent, Signature of New Registered Agent

LIFED

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	1 ype of Action
MGR	Ana L. Lutz	100 Cypress Breeze Blvd. N	■Add
		Santa Rosa Beach, FL. 32459	□Remove
			□Add
			□ Remove
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te: If the date inserted in this block	c does not meet the ap	plicable statutory			
ument's effective date on the Depa	irtment of State's reco	ords.			
cord specifies a delayed effective of s filed.	ate, but not an effecti	ve time, at 12:01	a.m. on the earlier o	f: (b) The 90th day	after t
September 15	2020				
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Typed or printed name of signee