L12000000461

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	<u></u>		
(Cit	y/State/Zip/Phone	e #)		
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(Document Number)				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR 2 3 2012
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Get high Management II'C 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:		
Faniel Bithal Name of Person		
Get Right Management Firm/Company		
820 M.W 1th & Ave, AH8		
Fort. Lauder dale FL, 33311 City/State and Zip Code Fanielthadon @ Yahoo. com	IAL SE	<u>-</u> -
Faniel thad on @ Yahoo. (om E-mail address: (to be used for future annual report notification)	CAR	
For further information concerning this matter, please call:	HASSIA FWA 77	3
Faniel Bithol at (954) 687-8180 Name of Person Area Code & Daytime Telephone Number	OF SIATE	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &	

MAILING ADDRESS:

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

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

Get hight Manager	tent LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability of Florida document number <u>L12000000 46 (</u>		doll and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		TA _S	
(Principal office address MUST BE A STREET ADD	RESS)	2 *	
		HA R TI	
		. 8	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		12: C	
		<u>DF</u>)5	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ords, enter the name of the new	
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 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
M&RM	Fariel Bithol	820 N.W 1th AVR April Fort. Lauderdate Ft, 33311	Add Remove		
MALM	Lanisia Bother	1637 Mw 11th Ave Fort Landerdale FL, 33311	Add Remove		
			Add Remove		
			Add Remove		
			AddRemove		
	·		Add Remove		
D. If amendi	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	ary.)		
			TALLAHASSEE, FLO		
Dated <u>Mary</u>	Samue a	ber or authorized representative of a member	PM 12: 05 OF STATE E. FLORIDA		
-	Langie	Shitler ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00