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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	<u></u>
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

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SUBJECT:

Higher Ground Marketing Concepts LLC

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:

Tanganyika Frederick

Name of Person

Firm/Company

1400 Saint Charles Apt 310 Place

Address

Pembroke Pines FL 33026

City/State and Zip Code

Tangyf8th@gmail.com

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

For further information concerning this matter, please call:

Tanganyika Frederick

*,,,*310,**848-3624**

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

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Migner Ground Marketing Concepts ((Name of the Limited Liability Compart) (A Florida Limited Liability)		ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number L13000008614			
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 end with the words "Limi"L.L.C."	ited Liability Company," the de	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1400 Saint Charles	Place apt 310	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines FL	. 33026	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALABASEEFL ON CO.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, 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 I	ype of Action
MGRM	Tanganyika Frederick	1400 Saint Charles Place Apt 310	Add
		Pembroke Pines FL 33026	Remove
MGR	Schimeon Frederick	1400 Saint Charles Place Apt 310	Add
		Pembroke Pines FL 33026	Remove
			Add
			Remove
		AhASo	Add_
		CE FLURIDS	PH 12: FB Add
	_		Remove
			Add Remove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Maran Melerch
	Signature of a member or authorized representative of a member Tanganyika Frederick
	Typed or printed name of signee
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Filing Fee: \$25.00

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