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ZOIH JAN 23 PM 3: 0" Secretary of State

JAN 2 8 2013 T. HAMPTON

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: High	Acres Group,	LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael J. N	1cGorty	
	4	Name of Person	
		Firm/Company	
	5 High Acre	s Road	
		Address	.
	Brookfield, (CT 06804	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	jam52288@char	ter.net	
	E-mail address: (to be used for future annual re	port notification)
For further information of	concerning this matter, please c	all:	
Mike McGo	orty	_{at (} 203 ₎ 77	75-8537
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	■ \$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Acres Group,LLC		
(Name of the Limited E (A I	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L14000006693	lity Company were filed on January 14, 2014	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
	ds "Limited Liability Company," the designation "LLC" or the abby	<u> </u>
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	TO TO THE PARTY OF	3 PH 3: 06
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the address here:	name of the new
Name of New Registered Agent:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	in Ch. L.
	City Zi	ip 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name Address Type of Action Mgr 5 High Acres Road Michael J McGorty Sr. 🖪 Add Brookfield, CT 06804 ☐ Remove **Judy McGorty** 5 High Acres Road AMBR Brookfield, CT 06804 ☐ Remove AP 5 High Acres Road Michael J McGorty Jr. Brookfield, CT 06804 ■ Remove AP Steven A McGorty 5 High Acres Road □ Add Brookfield, CT 06804 Remove

If amending any other information, enter	change(s) here: (Attach additi	onal sheets, if necessary.)
•		
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Effective date, if other than the date of filing. (The effective date must be specific, cannot be prior to of the date this document is filed by the Florida Department).	ate of receipt or filed date and cannot	(optional) be more than 90 days after
(The effective date must be specific, cannot be prior to a the date this document is filed by the Florida Department	ate of receipt or filed date and cannot	(optional) be more than 90 days after
(The effective date must be specific, cannot be prior to de the date this document is filed by the Florida Department Dated Machael A. McA	ate of receipt or filed date and cannot ent of State)	be more than 90 days after

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