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| | Requestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Highkeh Access ones & Hoke Ule 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: |
| Jacqueline Thima Name of Person |
| Hightech Accessories + More UC |
| 10242 NW 54th Place |
| CONAL Springs FC 33076 City/State and 7.16 Code Himall 62 agrain. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Sacoueline Fluma at 154 217 - 0239 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee S60.00 Filing Fee, 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

| Hightech Accesse | gues & HORE LL | 'C |
|--|---|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company v. Florida document number | were filed on $8/1/2016$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designation "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 10242 DW 549 Coral Springs, F | h Place -1 33076 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered off | | the name of the new |
| registered agent and/or the new registered office address here | : | © ≤SEC |
| N. CN. Baring I Array | | 94 2 94 2 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| Name of New Registered Agent: | <u>.</u> | —— 13 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| New Registered Office Address: | | <u> </u> |
| | 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 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 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 = A | uthorized Member | | |
|--------------|------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGN | Rafael Thima | 10242 NW 54th Pla Coral Springs, FC 330 | ∠ □ Add |
| | | Coral Springs, FC 330 | 76 Remove |
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| fective date, if other than the date of find effective date is listed, the date must be specificate: If the date inserted in this block does not ment's effective date on the Department | e and cannot be prion not meet the appli | cable statutory filii | (option more than 90 days after fing requirements, this o | ling.) Pursuant to 605.0 |
| record specifies a delayed effective. The 90th day after the record is file | | ot an effective | time, at 12:01 a. | m. on the earlie |
| | . 2018 | <u> </u> | | |
| ated June 20 | <u>& U / (</u> | | ← | |
| ated June 20 Augusture | Oline C | June norzed representativ | e of a member | |

Page 3 of 3

Filing Fee: \$25.00