

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H140001441103)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FLORIDA TAX & ACCOUNTING SERVICES, INC.
Account Number : T20130000078
Phone : (305)235-9292
Fax Number : (305)328-9359

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

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2014 JUN 17 PM 12:26
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIGH ADVENTURE PRODUCTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 18 2014

J. BRUCE

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Corporate Filing Menu

Help

H1400014411.03
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HIGH ADVENTURE PRODUCTS, 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 6/4/14 and assigned Florida document number L14000089761.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18901 SW 106th Avenue
Suite 104
MIAMI, FL 33157

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

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AR	DIANE M. ANNESSER	9245 SW 157 ST STE 210 PALMETTO BAY, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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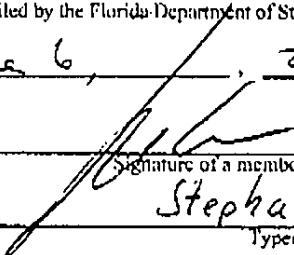
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6, 2014



Signature of a member or authorized representative of a member
Stephan Kropp

Typed or printed name of signer

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Filing Fee: \$25.00

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