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(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highrise Financial Group 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:

Evan DeBoard
Name of Person
Highrise Financial Group LLC
Firm/Company
6600 Taft St Suite 410
Address
Hollywood, FL 33024
City/State and Zip Code
edeboard@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evan DeBoard at (817) 972-9228
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**

Highrise Financial Group 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 6/18/2014 and assigned
Florida document number L1400009599.

This amendment is submitted to amend the following:

A. If amendment is to change the 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)

Enter new mailing address, if applicable:

(Mailing Address MAY BE A POST OFFICE BOX)

B. If amendment is to change 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:

New Registered Agent:

Scott Haick

Registered Office Address:

6600 Tart St.

Enter Florida street address

Hollywood

, Florida

City

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TALLAHASSEE, FLORIDA
33024
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept my appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of New Registered Agent

If amended, 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 =
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	Scott Hick	6600 Tart St suite 400	<input type="checkbox"/> Add
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		Hollywood, FL 33021	<input type="checkbox"/> Remove
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D. If any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Add Scott Harck as an owner of the company
Highrise Financial Group LLC.

E. Effect of other than the date of filing: _____ (optional)
(The effect must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date the document is filed by the Florida Department of State)

Dated: _____

[Signature]

Signature of a member or authorized representative of a member

Evan DeBour

Typed or printed name of signee

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Filing Fee: \$25.00

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ALLAHASSEE, FLORIDA