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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. MATTHEWS JUL 29 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: High & MIGULY Entenprises 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:
Paul DiBerardino
High & Mighty Entenprists LLC Firm/Company
6124 Wilbur way
Lake Worth, FC 33467
Paul dibloarding gwail. Com  E-mail address: (to be used for future/annual report notification)
$\bigcup$
For further information concerning this matter, please call:
Name of Person at (50) 445-6100  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

# ARTICLES OF ORGANIZATION CLUBETARY OF STATE OF S

High & Mighty Enterd	TISES (22 MAY 24 AM 10: 25
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on 1/28/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C."  6124 Wilbur Way  Lake Worth, Fr. 33467
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

### 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.

City

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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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•		Signature o	of a member or	authorized repr	resentative of a n	iember		
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Filing Fee: \$25.00