2/19/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (855)330-1010

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

mail Address:	.`	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHFOLD INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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FEB 1 9 2018

Electronic Filing Menu

Corporate Filing Menu

S. WARREN

FEB 1 9 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHFOLD INVESTMENT		any as it now appears on out records.) Liability Company)
	(A Florida Limited)	Liability Company)
The Articles of Organization for this Limited L	iability Company	were filed on 09/08/2015 and assigned
Florida document number L15000153092		
This amendment is submitted to amend the following	owing:	•
A. If amending name, enter the new name o	f the limited liab	ility company here:
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity 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)		3030 N. Rocky Point Dr.
		STE 150A
	-	Tampa, FL 33607
Enter new mailing address, if applicable:		3030 N. Rocky Point Dr.
(Mailing address MAY BE A POST OFFICE BOX)		STE 150A
		Tampa, FL 33607
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	Northwest	Registered Agent, LLC.
New Registered Office Address:	3030 N. R	locky Point Dr. STE 150A
		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.

Cin

Tampa

If Changing Registered Agent, Signature of New Republic Agent

Florida 33607

Zip Code

Page 1 of 3

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 = Mai AMBR = Aut	nager thorized Member	Tr.	
Title	<u>Name</u>	Address	Type of Action
AMBR	BEDHAM COMMONER LTD	3030 N. Rocky Point Dr.	D Add
		STE 150A	□ Remove
		Tampa, FL 33607	☐ Change
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			Remove
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		Tampa, FL 33607	☑ Change
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2018		
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