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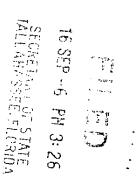
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to	Filing Officer:			
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SEP OR PORTS

COVERLETTER

SUBJECT: <u>Hlo, Llç</u>	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Michael Gleissner		
		Name of Person	
		Firm/Company	
	1601 Harrison Street	Address	
	Hollywood, FL 33020	City/State and Zip Code	
	sitematrix.corporateservices E-mail address: (higfootyentures.com o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Vanessa Pelaez		at (<u>305</u>) <u>804-6108</u>	
Name of	`Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Li	ability Company	were filed on <u>November 30, 2</u>	and assigned
Florida document number <u>L15000200235</u>	 '		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	vility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabı	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1601 Harrison Street	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Hollywood, FL 33020	6 SEP
		1601 Harrison Street	
		Hollywood, FL 33020	<u> </u>
B. If amending the registered agent and/or the new registered of	fice address her	<u>e</u> :	ls, <u>enter the name of the new</u>
Name of New Registered Agent:	Michael Gleiss	ner	
New Registered Office Address:	1601 Harrison	Street Enter Florida street addre	258
	Hollywood		lorida <u>33020</u> Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content in the recompany has been notified in writing of this content in the recompany has been notified in writing of this content in the recompany has been notified in writing of this content in the registered in the	er and complete stered agent as registered office change.	performance of my duties, c provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is hat the limited liability

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Add
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			Change
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Note: If the	ate, if other than the date is listed, the date must date inserted in this be effective date on the I	olock does not me	et the applicable	ate of filing or more to statutory filing re	(optio than 90 days after f quirements, this	nal) iling.) Pursuant to 60 date will not be lis	5.0207 (3)(b) ted as the
	specifies a delayenday after the re		ite, but not a	n effective time	e, at 12:01 a.	m. on the earl	ier of:
Dated <u>June</u>	6	Signature of a me	2016	d representative of a	, member		
		Ziginimie (it a III)	or or patientize			ĪAS	
<u>N</u>	Aichael Gleissner	Т	Typed or printed na	ame of signee		16 SEP LLAHA	t #
			Page 3	of 3		925.	Control Section 19
			Filing Fee:	\$25.00		PH 3: 2 OF STATE OF LORIE	