## 115000211829

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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

	gistration Sec ision of Corp			
eup in er		t Investments, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
		mendment and fee(s) are subr	_	
Please return	n all correspon	dence concerning this matter t	to the following:	
		Steven A. Soto		
			Name of Person	
		Higher Trust Investments	s, LLC	
			Firm/Company	
		121 S Orange ave ste 15	500	
			Address	
		Orlando, FL 32801		
		HIGHERTRUSTINEVSTM	City/State and Zip Code MENTS@gmail.com	<del> </del>
		E-mail address: (t	o be used for future annual report not	fication)
For further i	nformation co	ncerning this matter, please ca	ıll:	
Steven A.	Soto		407 257 95	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 I	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

Higher Trust Investments, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L15000211829		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		<b>6</b> ×××
Principal office address MUST BE A STREET ADDRESS)		AUG FOR
		<u> - 무</u> 무료
		♣ 입다 ★
nter new mailing address, if applicable:		AM IO
Mailing address MAY BE A POST OFFICE BOX)		<b>5</b> 5 7
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.  Name of New Registered Agent:		r the name of the
New Registered Office Address:		
TION ROGISTORY OFFICE / Name 55.	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

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>	Address	Type of Action
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Effective date, if other t	han the date of filing:	(opti	onal)	
(If an effective date is listed, the	date must be specific and cannot be prior to da in this block does not meet the applicable	te of filing or more than 90 days after	filing.) Pursuant to	605.020 listed a
document's effective date	on the Department of State's records.			
the record specifies a c ) The 90th day after t	delayed effective date, but not and the record is filed.	effective time, at 12:01 a	a.m. on the ea	rlier
8/15/2018	<i>;</i>	,		
Dated	Hunda a	lato		

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Typed or printed name of signee

Filing Fee: \$25.00