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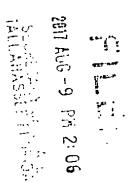
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J. HARRIS

COVER LETTER

Division of Cor	porations		
	High 2	Low LLC	
SUBJECT:	Name of Lim	Low LLC ited Liability Company	,. <u>, </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adalbe	rto Carello Name of Person	
		2 Low LLC	
		• •	
	1080	S Rogers Circ	cle
	Boca R	City/State and Zip Code rell 6 group. conto be used for future annual report notif	3487
	E-mail address:	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co		·
Adalbert	o Carello	at (56/) 60/ 6 Area Code Daytime	3929 Telephone Number
Enclosed is a check for th	he 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)
• • • • • • • • • • • • • • • • • • • •	INVA A DEDDESS		CD ABBREW

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/6</u> 000/05278	y were filed on 05/31/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1080 5 Rogers arde
(Principal office address MUST BE A STREET ADDRESS)	Boca Katon
	FL 33487
Enter new mailing address, if applicable:	1080 S Rogers Circles Boca Raton
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton
	FL 33487
registered agent and/or the new registered office address he	
Name of New Registered Agent:	am B. Walling
New Registered Office Address: 355 A	JE 5th Avenue Suite 6 Enter Florida street address
Delva	Reach Florida 33413 Zip Code
New Registered Agent's Signature, if changing Registered Agent	·
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agen

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	Membe

<u>Title</u>	Name	Address	Type of Action
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			Change
			Add
			Remove
			Change
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		Page 3 of	•	T (%)	2: 0 6

Filing Fee: \$25.00