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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : I20180000017 Phone : (305)340-2000 Fax Number : (786)953-6246

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

Email,	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 55 HIGH VIEW, LLC

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		COVER DELIER				
TO: Registration S Division of Co						
55 HIG	H VIEW LLC					
SUBJECT:	Name of Lin	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
		ALEX ORTIZ, CPA				
		Name of Person				
	E	E ALEX ORTIZ, CPA, PA		TA'S 2		
		Firm/Company		ECR		
	272	7 PONCE DE LEON BLVD		SECRETARY SECRETARY		
		Address		SEE SEE		
	со	RAL GABLES, FL 33134		IL PH SSEE. FLC		
		City/State and Zip Code		Ser of C		
		X@ALEXORTIZCPA.COM		75 10A		
		to be used for future annual report notific	ation)			
For further information	concerning this matter, please of	all:				
ALEX ORTIZ, CPA		305 340-2000 at ()				
Name	of Person		Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Cartified Copy (additional copy is enclosed)	Certified	te of Status &		
Mailing Addr Registration		Street Address: Registration Sect	ion			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

55 HIGH VIEW, LLC					
(Name of the Lim	ted Liability Comps (A Florida Limited	nny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited L Florida document number <u>L16000107694</u>	Liability Company	were filed on 6/11/	2021 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company here	:		
The new name must be distinguishable and contain the	words "Limited Liabi	llity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	2727 PONCE DE	LEON BLVD		
Principal office address MUST BE A STREE	ET ADDRESS)	CORAL GABLES	, FL 33134		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2727 PONCE DE LEON BLVD CORAL GABLES, FL 33134			
B. If amending the registered agent and/or opent and/or the new registered office addre	ss here:		ords, enter the name of the new regis		
Name of New Registered Agent:	ORTIZ, ALEX				
New Registered Office Address:	2727 PONCE DE LEON BLVD Enter Florida street address				
	CORAL GABI		, Florida 33134		
		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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			⊡Remove
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