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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	High Side	intel, LLC		
SODJEC	, I	Name of Limi	ted Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	to the following:	
		Douglas E. Geller		
			Name of Person	
		High Side Intel, LLC		
			Firm/Company	
		2924 Davie Roade - Suite 1	02	
			Address	
		Davie, FL 33312		
		dgeller3273@comcast.net	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	11:	
Douglas	s Geller		954 309-9332	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
■ \$25. 6	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)

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

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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>	Name	Address	Type of Action
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Note: If the	date inserted in t	this block does not the Department of	meet the appli	cable statutory f	iling requiremen	its, this date will i	not be lis	ted as
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Filing Fee: \$25.00

Typed or printed name of signee