L17000156249

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TO:

TO: Registration Section Division of Corporations	
SUBJECT: High Demand Balbershi	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
_Andrew J.	Name of Person Ray be Khop UK Firm/Company
High Demond	Ray by Khop UK Firm/Company
<u>601 Sw 189</u>	12 Ave # 31-104 Address
Penbroke Pir	City/State and Zip Code
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matter, please ca	II:
Andrew J. Vununus	at (561) 75 6 -1159 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hyh Denad Balta Sama (Name of the Limited Liability Compa (A Florida Limited L	ay as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700156244</u> .		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	AHAS	AUG.
Mailing address MAY BE A POST OFFICE BOX)	S. M.	. (u)
		3
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		*
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	лір Соае
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fam rovided for in Chapter 605, F.S. Or, if t	iliar with and his document is
If Char	ging Registered Agent, Signature of New Regist	ered 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Andrew Joseph Vunchune	Golso 104th Are 31-104 Pembrohe kins PC 37000	& Add
		HEMPORUPIND FU SZOZ	☐ Remove
Hmbr Oxfo	Andrew Joseph Vanchure	601 Sw 10912 Ave 31	
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Page 3 of 3

Filing Fee: \$25.00