L1700175230

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MIR S. F. PARRIS

COVER LETTER

Div	rision of Corp	porations	•		
SUBJECT:	High West I	LLC			
Name of Limited Liability Company					
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Jacob Corlyon			
		<u> </u>	Name of Person		
		High West LLC			
		The state of the s	Firm/Company		
		238 West Division Street			
			Address		
		Syracuse, NY 13204			
			City/State and Zip Code		
		jake@capitalcollect.com			
		E-mail address: (t	to be used for future annual report notif	ication)	
For further i	nformation co	oncerning this matter, please ca	ill:		
Jacob Corly	оп		315 256-9744 at ()		
,	Name of	Person		e Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00 F	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:

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

High West LLC		
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our re</mark> Liability Company)	cords.)
he Articles of Organization for this Limited Liability Company lorida document number $\frac{L1700175230}{L1700175230}$.	were filed on 8-15-17	and assigned
his amendment is submitted to amend the following:		
-	•••	
. If amending name, enter the new name of the limited liab	olity company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2617
		ÁU
		22 P
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
numing dudress MAT BE A TOST OF FICE BOX		
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		ords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street a	ddress
		, 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
MGR	Zachariah Raus	238 West Division Street	■ Add
		Syracuse, NY 13204	☐ Remove
			Change
			☐ Remove
			Add
			☐ Remove
			□ Add
			□ Remove
			Change
			<u> </u>
			The Remove
			Cn Cn Change
			Remove
			☐ Change

			<u>.</u>	
	,,			
			·,	
fective date, if other than the c	date of filing: 8-15-17		(option	al)
an effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be pri	ior to date of filing or mo:	re than 90 days after fil	ing.) Pursuant to 605.020
ote. If the dute inserted in ans of			requirements, uns a	are will not be listed t
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Filing Fee: \$25.00