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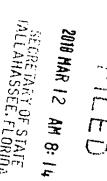
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COVER LETTER

TO: Registration Sect Division of Corpo	ion Prations		
SUBJECT:	Highlana Name of Lim	IS VISAGE LLC uited Liability Company	(MGR)
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	<u>Mehdi</u> A	hadfour Name of Person	
	Highland	15 Visage LLC Firm/Company	
	180 County Roa	d 621E. Address	
	<u>Lake Placi</u>	City/State and Zip Code Con Edu & Amail to be used for future annual report notific	·
	Concentrat E-mail address: (1	to be used for future annual report notific	COM'
For further information con-	cerning this matter, please ca	ail:	
Mehdi Ahad Name of Po	erson	at (<u>954</u>) <u>709 – 2</u> Area Code Daytime	2845 Telephone Number
Enclosed is a check for the f	•		
\$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)

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

High lands Vi sage (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 18000035264</u> .	ere filed on <u>62 – 13 – 201</u>	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>en</u>	
Name of New Registered Agent:		2018 HAR
New Registered Office Address:	Enter Florida street address	AHASSEE, FLORA
	City	Se Zip o6 ode
New Registered Agent's Signature, if changing Registered Agent:		F

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>	<u>Address</u>	Type of Action
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	quirements, this date will not be listed
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	
ed 63-08-2018 Madfaut Signature of a member of authorized representative of a	
A D	

Page 3 of 3

Filing Fee: \$25.00