118000126229

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COVER LETTER

TO:	Registration Sec Division of Corp			
		SOLUTIONS SERVICES L	LC	
SUBJ	ECT:		ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Jonathan Moyano		
			Name of Person	
		High End Solutions Serv	ices LLC	
			Firm/Company	
		109 Sebring Circle		
		Lehigh Acres, FL 33936		
		<u> </u>	City/State and Zip Code	
		highendsolutionsservices		
		E-mail address: ()	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Jona	than Moyano		203 7156448 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
■ S	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 END SOLUTIONS SERVICES LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L18000126229	ompany were filed on May 19,2018	and assigr	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abb	reviation "L.L.C	···
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDR	RESS)		<u>_33</u>
			<u> </u>
		8	603 40 1483 1483 1483
Enter new mailing address, if applicable:			- <u>39,</u> 5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
		<u> </u>	<u>2</u> .
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		the name of	the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	PI 24.		
	, Florida	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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
Presiden	Roberto Tamayo	109 Sebring Circle Lehigh acres	■ Add
			□ Remove
			Change
		<u></u>	Remove
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fective date, if other than	the date of fili	ng:		(optio	onal)
n effective date is listed, the date of the late of the date inserted in the	must be specific a is block does not	nd cannot be prior : meet the applica	to date of filing or male statutory filin	ore than 90 days after g requirements, this	tiling.) Pursuant to 605.026 date will not be listed a
cument's effective date on th	e Department of	'State's records.	•	-	
record specifies a dela The 90th day after the	yed effective	date, but no	t an effective t	ime, at 12:01 a	i.m. on the earlier
The 90th day after the	record is med		/		
June 14, 2018		5:30 PM/			
ated		·//	<u>t</u> .		
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	Signature of	a member of auth	rized representative	of a member	
			\		

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