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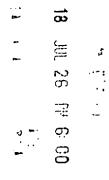
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
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S. PRATHER

COVER LETTER

Division of Cor			••
High-Corp	LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Israel Perez		
		Name of Person	-
		Firm/Company	
	1021 NW North River D	R	
		Address	
	Miami. Florida 33136		
	highcorpusa@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	ication)
Israel Perez	•	305 766-3360	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
□ S25.00 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

8

High-Corp LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our recorda Limited Liability Company)	ords.) 200
The Articles of Organization for this Limited Liability		and assigned -
Florida document number L18000172776	·	* 0.0 6.00
This amendment is submitted to amend the following	ŗ.	* 0
A. If amending name, enter the new name of the l	limited liability company here:	
High-Corp USA LLC		
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "L	.E.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AD</u>	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
3. If amending the registered agent and/or re	gistered office address on our reco	rds, enter the name of the
egistered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street add	ress
		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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			🗆 Change
			Add
			□ Remove
			□ Change

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te: If the date inserted in this blooment's effective date on the D	d effective date, but not an effective time, at	ments, this date will not be listed:
July 20	2018	
ted	The territory	o(o ° - ' ≅
	Signature of a member or authorized representative of a member	ber -
Israel Perez	-	
	Typed or printed name of signee	
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Filing Fee: \$25.00