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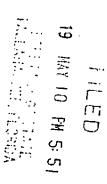
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	۲r.	H: Geo LLC		
SUBJEC		H: Geo LLC Name of Lim	ited Liability Company	
The enclo	osed Articles of.	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
			Jonny Quintero	
			Manie of reison	
		 -	Hi Geo LLC	
			Firm/Company	
		1523 E	Hi Geo LLC Firm/Company East Osceolo Pk Address	wy
				·
		<u>H</u> issim	city/State and Zip Code Canager @gmail.com to be used for future annual report notifi	<u></u>
		h:222.00	City/State and Zip Code	~ 1
		E-mail address: (to be used for future annual report notif	lication)
For furth		oncerning this matter, please ca		
	Jana	y Quatero	at (786) 266 (9661
-	Name o	Person	Area Code Daytime	r Telephone Number
Enclosed	is a check for th	e following amount:		
55. \$25.0	00 Filing Fec	□ \$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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hi Geo L	LC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on ou ability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000250516</u> .	were filed on10/2	24/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation (L.156).
Enter new principal offices address, if applicable:	3206-320	8 Hillsdole Ln = -
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee	, FL 34+41 [
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3206-320 Kissimmee	28 H:llsdole Lin 5.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my di provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

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MGR = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
			
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			Change
			
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			D Add
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If an effective date is lis Note: If the date ins	ther than the date of sed, the date must be specif serted in this block does a date on the Departmen	ic and cannot be prior not meet the applica	to date of filing or more table statutory filing rec	(optional han 90 days after filin juirements, this dat	e.) Pursuant to 605.02	:07 (as ti
ne record specifi The 90th day a	es a delayed effecti Ifter the record is fi	ve date, but not led.	t an effective time	e, a t 12:01 a.m	on the earlier	of:
Dated		—·/——	-· /			

Typed or printed name of signee

Page 3 of 3

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