

48000250516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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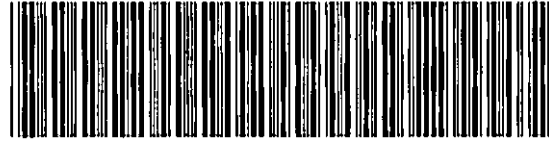
(Business Entity Name)

(Document Number)

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2020 OCT 10 10:05

C. S. L. S.

OCT 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

Hi Geo, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonny A Quintero

Name of Person

MGR

Firm/Company

3206-3208 Hillsdale Ln

Address

Kissimmee FL 34741

City/State and Zip Code

info@higecomentalhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hubaldo Vasquez

321 900-8276

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2018 10 24 11:08:55

Hi Geo, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/24/2018 and assigned
Florida document number L18000250516.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3206-3208 Hillsdale Ln

Kissimmee FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3206-3208 Hillsdale Ln

Kissimmee FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **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

03/11/20 11:55

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonny A Quintero	1775 Manarola St. Apt 413	<input type="checkbox"/> Add
		Kissimmee FL 34731	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yosselin P. Torres Reyes	3871 Pinewood Gardens Blvd	<input checked="" type="checkbox"/> Add
		Saint Cloud FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hubaldo G Vasquez	12993 Entrada Dr	<input checked="" type="checkbox"/> Add
		Orlando FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. The first group of people who are not in the labor force are those who are not in the labor force for any reason. This group includes people who are not in the labor force because they are not in the labor force for any reason.

7/13/01 12:25 AM 8:55

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Monday 10, August

2020

Dated

Signature of subscriber or authorized agent

Jonny A Quintero

Typed or printed name of signee