L19000062109

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COVER LETTER

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eun irea		IMITS, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		LAWRENCE A. LEVINE	, ESQ	
			Name of Person	
		ANIDJAR & LEVINE, P.	Α.	
			Firm/Company	
		300 SE 17TH STREET		
			Address	
		FORT LAUDERDALE, F	L 33316	
			City/State and Zip Code	
		skuker@ant-law.com		1, 4 1 ,
			to be used for future annual report not	incution)
For further	information c	oncerning this matter, please c	all:	
LAWREN	ICE A. LEVIN	E	954 525-0050 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne 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)
R	Lailing Addres	Section	Street Address: Registration Sc	
	ivision of C .O. Box 632		Division of Co The Centre of	•
	allahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH LIMITS, LLC

(<u>Name of the Lim</u>	nited Liability Company as it now appears ((A Florida Limited Liability Company)	on our records,)
The Articles of Organization for this Limited Florida document number L19000062109	2019 and assigned	
This amendment is submitted to amend the folia. A. If amending name, enter the new name	C	2019 DEC SECRETALLA
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation P.L.C.
Enter new principal offices address, if apple (Principal office address MUST BE A STRE		30 N S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addr		ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:	LAWRENCE A. LEVINE, P.A.	
New Registered Office Address:	300 S.E. 17TH STREET	
THE REGISTRY OFFICE ANDICES.	Enter Florida	i street address
	FORT LAUDERDALE	Florida 33316
	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

LAWRENCE A. LEVINE, president

Page 1 of 3

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>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARC ANIDJAR	300 SE 17TH ST	□Add
		FORT LAUERDALE, FL 33316	≡ Remove
AMBR	ANIDJAR & LEVINE, P.A.	300 SE 17TH STREET	
		FORT LAUDERDALE, FL 33316	元 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
		· · · · · · · · · · · · · · · · · · ·	: 29 □ Add
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	ifies a delayed effective after the record is file		not an e	ffective tim	e, at 12:0	1 a .m. on t	the earli	ier of:
ated	NOVEMBER 21	2019/	······································					
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Typed or printed name of signee

Filing Fee: \$25.00