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COVER LETTER

10: Registration Se Division of Cor			
SUBJECT:	HIGH ONE OF Limit	UNER LCC led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Da) 645 ZEIF Name of Person	
		NE OWNER	
	6574 N	Address	07 BOX 415
	COCONU	City/State and Zip Code	33073
	DZG EZ E-mail address: (to	o be used for future annual report notif	NET (cation)
For further information e	oncerning this matter, please ca	II:	
Name o	ZETF f Person	at (56) 300 Area Code Daytime	7491 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy
	ALREADY	(additional copy is enclosed)	(additional copy is enclosed)
Mailing Addres		Street Address:	rtion
Registration ! Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	
Tallahassee,			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH DIVE O					
(Name of the Limited Liability Compa (A Florida Limited L	as it now appears liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900101195</u>	were filed on	1/19/20	19:	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	dity company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or th	e abbrevia	ntion "L.	L.C."
Enter new principal offices address, if applicable:				10	
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	<u>○</u>	<u> </u>
				<u> </u>	
				い	; "T"
Enter new mailing address, if applicable:					1 1
(Mailing address MAY BE A POST OFFICE BOX)			, · ()		
			<u> </u>	_25_	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our re	cords, <u>enter the n</u>	ame of	the nev	v registe
New Registered Office Address:	Enter Flori	da street address			
		, Florida			
	City		Zi	p Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete	e to act in this c performance of i	apacity. I further my duties, and I a	agree to un famil	o comp iar wit	oly with t th 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EQUAL MEASULE PARTNERS, LIC	BOX 415 COLOPUT CREEK, FI 33073	_ DAW
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COLOPUT CREEK, FI 33073	∑ □Remove
			□Change
			□Add
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			🗆 Change
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			□Remove

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Filing Fee: \$25.00