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NOV 05 2020 S. YOUNG

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	AIM HIGH	HIT HIGHER, LLC		
Solution.	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		IORDAN J. FIELDS		
		Name of Person		
	AI M HIGH H	IIT HIGHER ENTERPRISE	, LLC	
		Firm/Company		
		Address		
	LAUDER	HILL, FLORIDA 33313		
		City/State and Zip Code		
JAMENT3105@GMAIL.COM E-mail address: (to be used for future annual report notification)				
		•	ication)	
For further information	concerning this matter, please ca	all:		
JORDAN J. FIELDS		at (954)770-3	867	
- Name of Person		Area Code Daytime	: Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 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

AIMH	119h Hit Higher LLC = 19:59
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on May 3, 2019 and assigned
Florida document numberL19000121212	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
Aim High Hit Higher Enterpris	se LLC
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ام
•	
(Principal office address MUST BE A STREET A	4DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	2.X)
B. If amending the registered agent and/or regi	stered office address on our records, enter the name of the new register
agent and/or the new registered office address h	ere:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
-	Florida Cin· Zin Code
	Z.11/ \(R)(C)

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 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
		-	Remove
			☐ Change
			□ Remove
		· 	□ Change
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			Change
<u>_</u>			
			🗀 Remove
			☐ Change
			_ □ Remove
			☐ Change
			
			☐ Remove
			Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i voic.	ve date, if other than the date of filing:
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 10th 2020
	Social Files
	Signature of a member or authorized representative of a member
	JORDAN J. FIELDS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00