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SECRETARY OF STATE TALLAHASSEEL FLORIDA

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COVER LETTER

TO:	Registration Sec Division of Corp								
SUBJE	er: I-ligh	Sea Advers	Lure Company (ited Liability Company)	LLC					
The enc	losed Articles of A	amendment and fee(s) are sub-	mitted for filing.						
Please re	Please return all correspondence concerning this matter to the following:								
		Andre	Name of Person						
		High Sea	Advatuz (c	impeny Li C					
		1122 Cartter Yo	Address						
		Terper Spri	Sty/State and Zip Code Jerture CO @ smcile so be used for future annual report notifi	689					
		the high sea ad E-mail address: 11	JENTURE CO @ SMG() (to be used for future annual report notifi	cation)					
For furtl	er information co	ncerning this matter, please ca							
A	ndru (n Co	at (727) 692	OLICS/ Telephone Number					
	Name of	COSON	Area Code Daytime	resegnance somoci					
Enclused	i is a check for the	following amount:							
ロ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on May 17, 2019 and assigned Florida document number _ 19001 337 5 8 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR_	Michael Poole	600 Tengerine Dr, Oldsmor, PL3	467 K Add
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,If amending any other information, enter change(s) here: (Attack	і ашиноны знесі», ў несёзмну.j	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of fi. Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605 ory filing requirements, this date will not be list	5.0207 ted as
ne record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earli	er of
Dated 6/4/201 line 0. 2019		
Signature of a member or authorized repres	sentative of a member	
Andron Khan		

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Typed or printed name of signee

Filing Fee: \$25.00