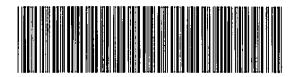
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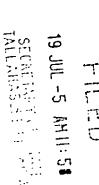
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JUL 1 6 2019



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: High Springs Ecoville L.L.C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dae Jung Kim
High Springs Ecoville L.L.C.
13700 NW US HWY 941 Address
Alachua, Fl., 37615 City/State and Zip Code
Live 7 Vibrant a amail form E-mail address: ito be used for future annual report notification)
For further information concerning this matter, please call:
Dae Jung kim at (202) 360 - 2704 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(<u>Name of the Limited Lia</u> (A Fle	ibility Company as it now a prida Limited Liability Compa	opears on our any)	records.)		
The Articles of Organization for this Limited Liabilit Florida document number <u>1900/91522</u>		n <u>June</u>	10,201	<u> </u>	ssigned
This amendment is submitted to amend the following	<u>.</u> :				
A. If amending name, <u>enter the new name of the</u>	limited liability compar	<u>ıv here</u> :			
The new name must be distinguishable and contain the words "	"Limited Liability Company,"	the designatio	n "LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applicable:					
	Marce				
<u>(Principal office address MUST BE A STREET AD</u>	<u> </u>				
(Principal office address MUST BE A STREET AL)	<u></u>				
(Principal office address MUST BE A STREET AD	<u> </u>				
(<u>Principal office address MUST BE A STREET AD</u>	<u></u>				
	<u> </u>				
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u></u>			19	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or re	egistered office addres			19	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>	egistered office addres			SECTION 19 June -5	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office addres			19 Jime —	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office addres			SECTION 19 June -5	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office addres		ecords, enter	SECTION SECTION	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office addres	s on our r	ecords, enter	19 Jul -5 AH II: 5	e of the

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.

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

If Changing Registered Agent, Signature of New Registered Agent

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
MgR	Dae Jung kim	13700 NW US HWY 441	Add
			Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			☐ Change
			☐ Remove
			Change
			
			Remove
			☐ Change
			
			☐ Remove
			Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an effecti Note: 1f t	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Jone 28 . 2019.
٠	Signature of a member or authorized representative of a member
	Dae Jung Kim Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00