119000222128

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	, . <u>.</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100337517921

12/06/19--01016--003 **25.00

CHARGE 8-19 PK 1: 01



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

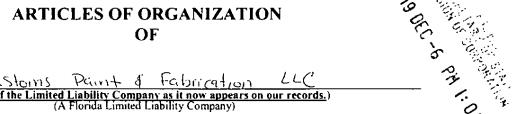
Division of Corporat	ions		<u></u>
SUBJECT: High Side	Customs Pai Name of Limited I	n + 8 Fabric Liability Company	cation LLC
The enclosed Articles of Amen	dment and fee(s) are submitte	ed for filing.	
Please return all correspondence	e concerning this matter to th	e following:	
	Michael J	Downs) r Name of Person	
_		Firm/Company	
_	318 SW 1945	lane Address	
	Cape (cral, FI	23991	· · · · · · · · · · · · · · · · · · ·
		syrotate and sup code	
-	E-mail address: (to be	used for future annual re	eport notification)
For further information concern	ning this matter, please call:		
Name of Perso	n	at (<u>Z²5</u> 9) Area Code	677-1933 Daytime Telephone Number
Enclosed is a check for the following	owing amount:		
\$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enck	Certificate of Status &
Mailing Address: Registration Section Division of Corpor		•	dress: tion Section of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



The Articles of Organization for this Limited Liabilit Florida document number <u>L 19000 222 72 8</u>		14(m)261 3, 7217 and assigned
This amendment is submitted to amend the following	g:	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent:		rds, enter the name of the new registered
New Registered Office Address:		
Tien Registered Office Address.	Enter Florida s	treet address
		, Florida
	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

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	Fric Downs		□Add
		1102 BE 644 Ave, Cape Coral F	L PRemove
		<u> a</u> t	
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		·	□Add
			□ Remove
			□ Chanas

Page 2 of 3

-	
-	
-	
-	
-	
-	<u> </u>
_	
-	
-	
_	
-	
-	
-	
-	
_	
-	
F.65	
(If an eff Note:	ve date, if other than the date of filing:
	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	
	Signature of g member or authorized representative of a member
	Signature of a member of authorized representative of a member [4] (had) Downs Company Com

Page 3 of 3

Filing Fee: \$25.00