## L19000277753

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## **COVER LETTER**

TO: Registration Section Division of Corporations		<b>.</b>
SUBJECT: HIGH FIU	Name of Limited Liability Company	19 OC 18
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.	
Please return all correspondence conce	eming this matter to the following:	
	Ronau W. Jowes Name of Person	
	Firm/Company	IR.LLC
	5 AUE E Address	<del></del>
	PAINTCHICOLA FLOR City/State and Zip Code	10A 32320
(	E-mail address: (to be used for future annual report notifica	ation)
For further information concerning this	s matter, please call:	
Rame of Person	at (850) 323 Area Code Daytime T	- 2425 Telephone Number
Enclosed is a check for the following a	amount:	
	Filing Fee & 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	Street Address: Registration Secti Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	Any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 2777 53</u> .	y were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  High Five Dive Bac  The new name must be distinguishable and contain the words "Limited Liabil	
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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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>	<u>Address</u>	Type of Action
MGR	RODALSW. JOUES	143 LAS BRISAS WAY	□Add
		EASTPOINT, TEL 3232	8 A <del>Re</del> move
			□Change
			□Add
			□Remove
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). If an	nentling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	ctive date, if other than the date of filing:  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	18 DOCEMBIN 18 , 2019.
	Signature of a member or purporized representative of a member
	Signature of a member or authorized representative of a member
	Ronney W bocs Typed or printed name of signee