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COVER LETTER

TO: Registration Se Division of Cor			ş
SUBJECT:	HIG, LLC Name of Limit	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHATH	SK DAVIS Name of Person	
	HIG, LI	Firm/Company	
	_/3050	W. HWY 318 Address	
	WILCISTON	City/State and Zip Code	, ,
	JADAWAT E-mail address: ()	© CTT L. C	fication)
For further information e	oncerning this matter, please ea		
JOHATHAN Name o	1 DAVIS FPerson	at (<u>863</u>) 214 Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa	one as it now appears on our records t	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on $5/21/2020$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Ltabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		70
(Mailing address MAY BE A POST OFFICE BOX)		e e
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:		<u>. </u>
New Registered Office Address:	Enter Florida street 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>	Name	Address	Type of Action
MGR	ROHALD W. LOVE	13000 W. HWY 318	□Add
		WILLISTON, FL. 32696	X Remove
			□Change
MGR	JOHATHAN DAVIS	13050 W HWY 318	X Add
		WILLISTON; FC. 32696	≥ □Remove
			□Change
			2025DAdd
			© □ Remove
		· .	—ြChange' င်္သ — □Add
			□Remove
			□Change
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			□Change
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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and earned be prior to date of filing or more than 90 days after filing.) Pursuant to 05.00 (Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. [In ercord 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 distinct of the filed. [In example of a member of a membe		
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Filing Fee: \$25.00