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(Re	questor's Name)	
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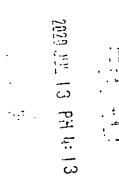
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AUG 22 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Highest Elevation UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria Abney Name of Person
Highest Elevation LC
819 NE 7 th ave
Cape Coral F 33909 City/State and Zip Code
E-mail address: (to be used to funce annual report notification)
For further information concerning this matter, please call:
Mayra Hhney at (954) 397 0514 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Highest	Elevat	ion UC		P. S
(Name of the Limited ()	l Liability Compan A Florida Limited Li	y as it now appears on our reliability Company)	ecords.)	P. (13
				ω
The Articles of Organization for this Limited Lia		were filed on <i>\(\begin{aligned} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</i>	12020	_ and assigned
Florida document number <u>L 20000 148</u>).L7_1			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	the limited liabil	lity company here:		
	NIA			
The new name must be distinguishable and contain the wo	rds "Limited Liabilii	ty Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:	N_/_A		
(Principal office address MUST BE A STREET	`ADDRESS)			
Enter new mailing address, if applicable:		NIA		
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			<u> </u>
B. If amending the registered agent and/or re	gistered office a	ddress on our records, e	enter the name o	f the new registere
agent and/or the new registered office address	• •			
		n		
Name of New Registered Agent:	<u> </u>	<u>r</u>	 	
New Registered Office Address:	<u> </u>			
		Enter Florida street a	iddress	
		City	_, Florida	Zip Code
New Registered Agent's Signature, if changing Ro	anistared Avents	City		zip Code
		and the second	I.C. adam	a south a data at
I hereby accept the appointment as registered provisions of all statutes relative to the prope	•			
accept the obligations of my position as regist	tered agent as p	rovided for in Chapter (605, F.S. Or, if i	this document is
being filed to merely reflect a change in the re company has been notified in writing of this c		address, I hereby confir	m that the limit	2d Hability
, , ,	S			
		NIA		
	If Chan	ging Registered Agent, Signa	ture of New Regist	ered 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	Maira Abneu	SIGNETT ave Cape Coral FI 339	□ Add
(ch	ence from CEO to	Cape Coral F1 339	°09 □Remove
	avige 170 obs		Change
			□Add
			Remove
			🗆 Change
			□Add
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effective da : If the d	te is listed, the a ate inserted in	date must be sp 1 this block d	pecific and cann	the applicable st	of filing or more	e than 90 days aft	tional) er filing.) Pursuant nis date will not	
	ies a delayed	effective date	e, but not an e	ffective time, at	12:01 a.m. on	the earlier of:	(b) The 90th da	ny after (
filed.								
	7191	2020	·	·				
filed.	7191			oer or authorized r		a mush		=

Filing Fee: \$25.00