## 120000295612

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## **COVER LETTER**

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enn reca		HORSES L.L.C.		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		Patricia Constantakos		
			Name of Person	<del></del>
		Higher Horses, L.L.C.		
			Firm/Company	
		201 Old Jupiter Beach Rd	ı.	
			Address	
		Jupiter, Florida 33477		
			City/State and Zip Code	
		Patty@mypcidesign.com		
		E-mail address: (	to be used for future annual report no	etification)
For further	information c	oncerning this matter, please c	all:	
Patty Cons	stantakos		561 308-6018	
	Name o	f Person		me Telephone Number
Enclosed is	s a check for th	ne following amount:		
<b>■</b> \$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)
	lailing Addres		Street Address:	aution
	egistration S ivision of C	Section forporations	Registration Se Division of Co	
	O. Box 632		The Centre of	-
T	allahassee. I	FL 32314	2415 N. Monre	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHER HORSES, L.L.C.

( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on September 21, 2020	and assigned
Florida document number L20000295612	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRE	<u> </u>	20 K
		- P
		2 6 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. 2
	<del></del>	21
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>enter the</u>	name of the new regis
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I ent as provided for in Chapter 605, F.S.	am familiar with and Or, if this document i

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
AMBR	KARA CONSTANTAKOS	201 Old Jupiter Beach Rd Jupiter, FL 33477	<b>≣</b> Add
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			□ Change
	<del></del>		□Add
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Effective date, if other than the stan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	he specific and can ck does not meet	not be prior the applic	able statuto	ing or more	than 90 da equiremen	(optiona ys after filid ts, this da	i <b>l)</b> ng.) Pursuan ite will not	t to 605 be liste
e record specifies a delayed effective rd is filed.	date, but not an e	effective ti	me, at 12:0	l a.m. on	the earlier	of: (b) - '	The 90th d	ay after
		020						
Dated November 11			 intako	1				
Dated November 11	Patricia (	Consta			a member			

Filing Fee: \$25.00