## L20000359437

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Registration Section
Division of Corporations

HIGHERGROUND FINANCE, LLC

UВЈЕСТ:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARK GUIRGIS		
	<del></del>	Name of Person	
	HIGHERGROUND FINA	NCE, LLC	
		Firm/Company	
	14616 PYLON CT		~3
		Address	
	WINTER GARDEN, FL 3	4787	1
		City/State and Zip Code	
	MARK@HIGHERGROUN	IDFINANCE.COM	mn Ui
	E-mail address: (	to be used for future annual report notifica	
For further information e	oncerning this matter, please ca	all:	ation)
MARK GUIRGIS		703 307 <b>-</b> 0502	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$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	<u>ss:</u>	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

HIGHERGROUND FINANCE, LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on NOVI	EMBER 12, 2020 and assigned
Florida document number L20000359437	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	:
he new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 13 . 14
Principal office address MUST BE A STREET ADDRESS)	1
Inter new mailing address, if applicable:	## 
Mailing address MAY BE A POST OFFICE BOX	70
3. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:	ords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address

## 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.

City

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
AMBR	CAITLYN ASHLEY GUIRGIS	14616 PYLON CT	<b>≣</b> Add
		WINTER GARDEN, FL 34787	□Remove
		<del></del>	□Change
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			□ Remove
			E Add
			□ Remove
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			□∧dd
			□Remove
			□Change
			⊡Add
			🗇 Remove
			☐ Change
			🗆 🗅 Add
			□Remove
			[F]Change

CAITLYN ASHLEY GUIRGIS - 51.0%  MARK GUIRGIS - 49.0%	
MARK GUIRGIS - 49.0%	**
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	<del></del>
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Filing Fee: \$25.00