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	(Requestor's Name)
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	(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: HIG	n Esteem S	ted Liability Company	erprises
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Danize	Name of Person	
		Firm/Company	
	2474 Las	LOShore Cuza	_\@
	Pax C	CLV 1942 F	33952
	Mortuvale benail address: (to	eaute / Coc	mail occ
For further information co	oncerning this matter, please ca	II:	
Dania S	Jose PM	at (\$\frac{\frac{357}{1}}{\text{Area Code}} \frac{240}{25}	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee, I			be Street, Suite 810

Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH STESM RE (Name of the Limited Liability Compa (A Florida Limited I	SOURCE SWITER PRISES  ny as it now appears on our records.)  Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 200034021.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab $\mathcal{N} / \mathcal{A}$	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2474 Lakeshure circle Poit Charlitte FL 33952
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2474 Lakeshure Circle Port (naviote, Fl 3395
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	·
New Registered Office Address:	Enter Florida street address
	, Florida
Your Donistoned Agent's Signature if shanning Desistaned Agent.	

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 to 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. Thereby 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, <u>enter the title, name, and address of each person\_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name .	<u>Address</u>	Type of Action
19R	Dania Joseph	2474 Lakeshore C	irde - Add
1		2474 Lakeshore C Port Charlotte Fr	339S) □Remove
			Change
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e record rd is fil	I 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 ed.
Dated	4th of April 2024.
	Signature of a meliter meanth rived representative of a member