L21000107964

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chicky T.

COVER LETTER

TO:		ration Sect n of Corpo			,	
	Ш	GНТЕА С	ONSULTING, LLC			
SUBJE	СТ:		Name of Lim	ited Liability Company		
			mendment and fee(s) are sub			
			CLAIRE VARNEY			
				Name of Person		
			HIGHTEA CONSULTING	i, LLC		
				Firm/Company		·
			612 OCEANSIDE BLVD			
				Address		
			INDIALANTIC, FL 32903	;		
				City/State and Zip Code		
			CLAIRE@HIGHTEACON	SULTING.COM to be used for future annual	manufaction to	n)
P . P .	1				report normeano	(1)
			ncerning this matter, please ca			
CLAIR	E VARN			at ()	4-5935 	<u> </u>
		Name of I	Person	Area Code	Daytime Telep	phone Number
Enclose	d is a ch	eck for the	following amount:			
■ \$25	5,00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	<u>g Address:</u> tration Se			ddress: ation Section n of Corporat	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHTEA CONSULTING, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number 1.21000107964	Company were filed on MARCH 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		e of the new regis
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		ث ــــــــــــــــــــــــــــــــــــ
	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 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	CLAIRE VARNEY	612 OCEANSIDE BLVD	
		INDIALANTIC, FL 32903	□Remove
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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					<u>.</u>
					
Effective date, if other to fan effective date is listed, the Note: If the date inserted document's effective date	in this block does not n	nect the applicable	ate of filing or more the statutory filing rec	(optional nan 90 days after filin quirements, this dat) g.) Pursuant to 605.0207 e will not be listed as
e record specifies a delayed rd is filed.	l effective date, but not	an effective time.	at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
Natural MARCH 18		2021			
Dated	000	n) la	men		
 -	Signature of a	member or authorize	d representative of a	member	