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COVER LETTER

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

TO:

SUBJECT:	Name of Limi	ALITY LL ted Liability Company	<u>C</u> '	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Angio	e GONZalta Name of Person	2	
	Higha	st Quality L	LC	
		yard Lake dr		
	Plantatie	City/State and Zip Code	24	
	Acte be	City/State and Zip Code Color of Color	WM_fication)	1021 HAY
For further information cor	ncerning this matter, please ca	111:		25
Angie Name of I	Gonzalez Person	at (561) 56 Area Code Daytim	21 - 880 7: e Telephone Number	\$485
Enclosed is a check for the	following amount:			
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Cop (additional copy	f Status & py

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hand of the Limited Liability Com	JAY LLC pany as it now appears on ou d Liability Company)	ır records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 2100018252</u> 0			<u>2</u>	d assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designat	ion "LLC" or the	abbreviatio	on "L.L.C."
Enter new mailing address, if applicable:			202	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		.•		
		<u> </u>	25 /	:.1
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, <u>enter the na</u>	me'of the	e new registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet address		
		, Florida	2.	 Code
	City		Zip (Lode

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 fathorized 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	Richard	Sorensen	9112 Vineyo	and Lake	dr MAdd
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ective date, if other tha	an the date of fill	ina-		(optional	11	
effective date is listed, the d	late must be specific a	and cannot be prior to		nan 90 days after filin	g.) Pursuant to 605.	
ument's effective date or						
cord specifies a delayed c	effective date that r	sot an effective tim	e at 12:01 a.m. on th	e carlier of th) - 1	he 90th day after	r the
s filed.		w. dir onconve min	c, at the term and	e carrier on (or	ine / with day differ	
ed <u>May</u>	19	2021	<u>.</u> .			
1	Ar	ogie G	67720/EZ			
	Signature of	armember or authori	zea reprosentative oba-	memper		