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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(
(Business Entity Name)
(Document Number)
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05/22/25--01025--015 ++25.00



### **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

PIN HIGH USA LLC SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	GARRY GREEN		
		Name of Person	
	PIN HIGH USA LLC		
	<u> </u>	Firm/Company	
	15018 EAGLERISE DR		
		Address	<u> </u>
	LITHIA, FL 33547		
		City/State and Zip Code	
	GUSGREEN62@GMAIL.	СОМ	
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
GARRY GREEN		813 480-0557 at()	
Name of	Person		2 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION OF

#### PIN HIGH USA LLC

# (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/07/2021}{2}$ \_\_\_\_ and assigned Florida document number L21000213416

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Iress
		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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

. .

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR	GARRY GREEN	15018 EAGLERISE DR	🗐 Add
		LITHIA, FL 33547	🗆 Remove
		<u> </u>	□Change
			🗆 Add
			🗆 Remove
<u></u>			🗆 Add
			🗆 Remove
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	<b>_</b>		□Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	2023 MAY 22 MY 10 40 SECRETARY OF SILIE FALLAHASSEE. FLORIDA	
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If the record 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 record is filed.

Dated MAY 12	2023	
(Ann)/	12	
The apple	Signature of a member or authorized representative of a member	
GAŔRY GREEN	Typed or printed name of signee	

Filing Fee: \$25.00