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(((H21000272238 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCLIN & BURNSED P.A.

Account Number : 104657003604

Phone : (352)753-4690

Fax Number

: (352)751-4993

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A. LUNT

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Help

COVER LETTER

Division of Co			
Aim High	Properties, LLC		
3007661.	Name of Litt	ited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing	
	ondence concerning this matter	-	
	Jeffrey P. Skates		
		Name of Person	
	McLin Burnsed		21 JUL 15 PH 1: 19
	·	Firmt/Company	JUL 37.00
	1028 Lake Sumter Landing	<u>z</u>	JUL 15 PH 1: 19
		Address	
	The Villages, FL 32162		1: 1:
	jskates@mclinburnscd.com	City/State and Zip Code	
	•	to be used for future annual report r	otification)
For further information of	concerning this matter, picase c	all:	
N	of Person	at () Area Code Day	time Telephone Number
Name o	or Person	Area Code Day	ume Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filling Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration	
Division of C	Corporations	Division of C	
P.O. Boy 610			F.T. 11-1

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aim High Properties, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) inbility Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000322991	were filed on July 14, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liahi	lity company here:	
Aim High Leesburg, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abl	previation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SE, VIS 21
		J. 924
		OF GRAPI
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		1 Po
		SMS
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	address, if applicable: AY BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new registered averagestered office address here: We Registered Agent: Enter Florida street address Enter Florida street address City: Zip Code C's Signature, if changing Registered Agent:	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

0 352-751-4993

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

Title	<u>Name</u>	Address	Type of Action
			□∧dd
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			RY OF STATE CURFORATIONS
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Effective date, if other than t	te date of filing:	(optional) or more than 90 days after filing.) Pursuant to 60	5.0207 (3
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory f	iling requirements, this date will not be lis	ited as th
the record specifies a delayed effectord is filed.	ive date, but not an effective time, at 12:01 a.:	m. on the earlier of: (b) The 90th day aft	cr the
Dated	. 2021		
$ \times$ \sim	Signature of a member or authorized represental		

Filing Fee: \$25.00