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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
	Highest Te	endencies LLC		
SUBJ	ECT:			· · · · ·
		Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Nicholas Direz		
			Name of Person	
		Highest Tendencies LLC		
			Firm/Company	
		6871 NW 117th AVE		
			Address	
		Parkland, FL 33076		
		ndirez@icloud.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	rther information co	oncerning this matter, please ca	all;	
Nicho	olas Direz		954 856-0015	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
☐ \$ 2	5.00 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 Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on United Liability Co	and assign
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company, the designation "LLC., or the abb	breviation "L.L.C.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, enter the name	e of the new re
rent and/or the new registered office address here:	.
Name of New Registered Agent:	. 3
New Registered Office Address:	<u> </u>
Enter Florida street address	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	> U

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>	<u>Address</u>	Type of Action
AMBR	Micah Kilgallon	19831 Enadia Way Winnetka, CA 91306	\equiv Add
			□Remove
AMBR	Nicholas L Dircz		□Change
AWIDK	Micholas I, Direz		□ Add
			□Remove
		6871 NW 117th AVE Parkland, FL 33076	⊞ Change
			□ A dd
			□Remove
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		10/14/20	21		
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tote: if the date inserted	a in this block does	s not meet the appi	icable statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
ocument's effective date	e on the Departmen	nt of State's record	3 .		
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is filed.	o enective date, b	ut not an effective	time, at 12:01 a.n	i. on the earlier of: (b)	The 90th day after the
December 29th		2021			
ated					
		Mar			
		71 10///			
	Signature	e of a member or aut	horized representati	ve of a member	