L22000062440

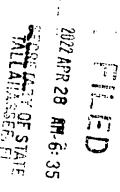
(Re	questor's Name)	-		
(Ad-	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
Membersignature				

Office Use Only



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A. BUTLER MAY 13 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: HIG	H LIFE FLOR	Liability Company	·. •
The enclosed Articles of A	Amendment and fee(s) are submit	ted for filing.	
Please return all correspon	ndence concerning this matter to t	he following:	
	FRANCINE	PoDRIGUE Name of Person	2
	HIGH UFE	FLORUDA LL Firm/Company	<u></u>
	16531 NE	35 TH AVE	412
	-	MI BEACH	
	FRANCINE @	UNES REG	AITY NET notification)
For further information co	oncerning this matter, please call:		
FRANCINE Name of	PODRIGUEZ Person	at (<u>954</u>) S Area Code Da	ytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fcc	☐ \$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 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	•	i ileu	
HIGH LIFE FLORIDA	7 UC	2022 400 00 00	
HIGH LIFE FLOREDA (Name of the Limited Liability Con (A Florida Limit	npany as it now appear ted Liability Company)	s on our records: 922 AFR 28 AM 6: 35	
The Articles of Organization for this Limited Liability Compa		SECRETARY OF STATE	
	any were filed on	12 10 + 20270 Hand assigned	
Florida document number <u>LZZCCC6ZYYO</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company he	re:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de	ssignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:	 	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office	ce address on our re	ecords, enter the name of the new registered	
gent and/or the new registered office address here:	ce address on our re	and the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	<u> </u>	, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age			
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple			
rovisions of all statutes relative to the proper and completed agent of the obligations of my position as registered agent of			
eing filed to merely reflect a change in the registered offi	•	*	
company has been notified in writing of this change.			

If Changing Registered Agent, Signature of New Registered Agent

n 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
AMBR	PODNEY R. PODRIGUEZ	16531 NE 35TH AVE # 12 NMB, FL 33160	X Add
			□Remove
			□Change
	-	·—	□Add
			Петюче
			□Change
			□Add
		□ Remove	
		□Change	
			□Add
		□Remove	
		□ Change	
			□Add
		□ Remove	
		□ Change	
			□ Add
		□Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) A NEW member ADD POONEY E. Effective date, if other than the date of filing: _______(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 04.10.72 Signature of a member or authorized representative of a member



RECEIVED

2022 APR 28 AM 7: 36

FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FL

April 4, 2022

FRANCINE RODRIQUEZ 16531 NE 35TH AVE #12 NORTH MIAMI BEACH, FL 33160

SUBJECT: HIGH LIFE FLORIDA LLC

Ref. Number: L22000062440

We have received your document for HIGH LIFE FLORIDA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 322A00007744