## 12200142307

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DIVISION OF COMPORATIONS
22 MAY 13 AM 9: 17

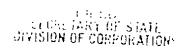
T. MATTHEWS
JUL 12 2022

## **COVER LETTER**

TO: Registration Se Division of Co		,	
Ward High	LLC	3	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeff W High		
		Name of Person	
	Ward High LLC		
	·	Firm/Company	
	1910 Verano Dr Apt B		
		Address	<b></b>
	Haines City, FL 33844		
		City/State and Zip Code	
	foreverj21322yahoo.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Jeeff W High		786 488-7190	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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		Street Address:	
Registration ! Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassec 1			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 13 AM 9: 17

Ward High ELC				
( <u>Name of the Lim</u>	ited Liability Company as (A Florida Limited Liabili	it now appears on our i ity Company)	records.)	
The Articles of Organization for this Limited I Florida document number L22000142307		e filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	 ( ROX)		****	
The state of the s				
B. If amending the registered agent and/or agent and/or the new registered office addressed agent:  Name of New Registered Agent:		ess on our records, <u>c</u>	enter the name of the new registere	
New Registered Office Address:	1910 Verano Dr Apt	В		
-	Enter Florida street address			
	Haines City		Florida <u>33844</u>	
		City	Zıp Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaction as reg	ed agent and agree to per and complete perf istered agent as provi	ormance of my dutie ded for in Chapter (	es, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			Ddd
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

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Effective date, if other than the o	late of filing:		(optional)	
f an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo	be specific and cannot be pri- ck does not meet the appl	or to date of filing or more t icable statutory filing rea	han 90 days after filing.) Pur quirements, this date will	rsuant to 605,0207 ( I not be listed as t
document's effective date on the De				
e record specifies a delayed effective rd is filed.	date, but not an effective	time, at 12:01 a.m. on the	nc earlier of: (b) The 90	th day after the
	2022	·		
Dated	•			
		<u> </u>		
	Signatul of a moniber or aut	harvad rassansii	mambar	

Filing Fee: \$25.00