122000204670

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
————(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Division of C	
BHARA SUBJECT:	FLY HIGH - SALOON IN THE SKY LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	James H. Burch
	Name of Person
	FLY HIGH- SALOON IN THE SKY LLC Firm/Company
	2914 SE 8 Avenue
	Address
	Cape Coral, FL 33904
	City/State and Zip Code Jim@JamesHBurch.com
	E-mail address: (to be used for future annual report notification)
For further informatio	a concerning this matter, please call:
James H. Burch	703 818-8080 at ()
Nam	e of Person Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
	RECEIVED
P.O. Box 6	Registration Section Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINAR PLANTS VERVER	FLY	HIGH-SALOON	(A)	THE	SKY	LLC
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(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 Con	mpany were filed on July 18, 2022	and assigned			
Florida document number 1.22000204670	-				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
FlyHigh Entertainment LLC					
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	<u> </u>			
		n up			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he namerof the few registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and ent as provided for in Chapter 605. F	II am familiar with and S. Or, if this document is			

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 - Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			🗀 Add
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			□Add
			🗀 Remove
			Change

____ □Remove

							
							
							
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block current's effective date on the Department.	specific and cann does not meet	iot be pribr to d the applicable	late of tiling or n	nore than 90 days	cafter filing.) P		
cord specifies a delayed effective da s filed.	te, but not an e	ffective time	, at 12:01 a.m.	on the earlier o	of: (b) The S	00th day after t	the
ed March 21	Ames H)24					
	Ames H	Pari	h				
Sio							

Filing Fee: \$25.00