Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000207471 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

(E)

Account Name : GG CONSULTING SERVICES CORP

Account Number : I20210000143 : (786)631-8656 Phone : (786)360-4066 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | | |
|-------|----------|------|------|------|
| Email | Address: | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHRISE BUTLER LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

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K. SALY JUN 16 2022

Tallahassee, FL 32303

COVER LETTER

| TO: Registration Division of C | Section Corporations | | |
|-----------------------------------|---|--|--|
| | ISE BUTLER LLC | | |
| SUBJECT: | Name of Line | ited Liability Company | |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | ALEXIS FROMETA | | |
| | | Name of Person | |
| | ALEXIS FROMETA P.A | | |
| | | Firm/Company | |
| | 3191 CORAL WAY #404 | A | |
| | | Address | |
| | MIAMI, FL 33145 | | |
| | | City/State and Zip Code | |
| | a (rometa@south-floridaepa | | Monton |
| | | to be used for future annual report not | meadon) |
| For further information | on concerning this matter, please o | ali; | |
| ALEXIS FROMETA | | 305 319-1071 at () | |
| Nai | ne of Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check f | or the following amount; | | |
| ■ \$25.00 Filing Fc | e S30.00 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) |
| Division of P.O. Box | on Section of Corporations | Street Address: Registration So Division of Co The Centre of 2415 N. Monro | rporations |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3/5

HIGHRISE BUTLER LLC

(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 Lia | ability Company | were filed on 06/10/2022 | and assigned |
|--|---------------------------------------|-----------------------------------|------------------------------------|
| Florida document number <u>L22000266169</u> | · · · · · · · · · · · · · · · · · · · | | |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liab | oility company here: | |
| N/A | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation "I | J.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | able: | N/A | |
| (Principal office address MUST BE A STREE | | | |
| | | | |
| | | NI/A | |
| Enter new mailing address, if applicable: | | N/A | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | | |
| B. If amending the registered agent and/or r | egistered office | address on our records, en | ter the name of the new registered |
| agent and/or the new registered office address | | | |
| • | | | |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | | | |
| | | Enter Florida street ad | dress |
| | | | , Florida |
| | | Сиу | Zip Code |

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> | Name | Address | Type of Action |
|--------------|----------------------|--------------------------|----------------|
| MGR | VALDES CARMONA JESUS | 121 NE 34 ST, APT 1506-A | □Add |
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| ective date, if oth | JUNE 10, 2022 ther than the date of fling: HINE 10, 2022 (optional) ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 | .0207 (|
| te: If the date insc | erted in this block does not inject the approache statement in the | ed a s 1 |
| cument's effective | date on the Department of State's records. | |
| | The 90th day after | r the |
| ecord specifies a de ls filed. | elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | |
| is filed. | | |
| JUNE 10 | 2022 | |
| JUNE 10 | 2022 | |
| | (Diamer | |
| | Signature of a member or mulhorized representative of a member | |
| | | |

Filing Fee: \$25.00