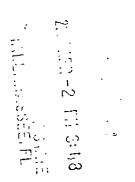
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Office Use Only

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Highrise	Rutler LCC	
SOBSECT.	Name of Lim	Rutler LCC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Alexis	Frometa, P.A. Name of Person	
	-	Firm/Company	
	3191 (oral	Way 404 A	
	Miami, F afromet	City/State and Zip Code a C South Florida to be used for future annual report noti	cpa.com
For further information of	E-mail address: (concerning this matter, please co		ification)
Alexi Name o	5 Fruneta of Person	at (<u>305</u>) <u>319 10</u> Area Code Daytim	0 7 1 ne Telephone Number
Enclosed is a check for t	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 Addres		Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Itighnise Bu	itler CCC	2007.55
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears of da Limited Liability Company)	nour records.
The Articles of Organization for this Limited Liability Florida document number <u>L2200026616</u>		p/10/2022 The Land assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the lir		
Mid town Miami R The new name must be distinguishable and contain the words "Li	eatly LCC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:		
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 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 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>	<u>Address</u>	,	Type of Action
-			2000.000 - 2 Fil 0: 49	🗆 Add
			TALL, SEE, FL	□Remove
				Change
				□Add
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Signature of a member or authorized representative of a member Jesus Valdes Carmona	2025