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COVER LETTER

	Registration Se Division of Cor		*	
SUBJEC		HLAND AVE LLC		
SUBJEC	1	Name of Limi	ted Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	ium all correspo	ndence concerning this matter t	to the following:	
		LIAM DEVERSON		
			Name of Person	
		1212 S HIGHLAND AVE	LLC	
			Firm Company	
		703 E LAKESHORE DR		
			Address	
		OCOEE, FLORIDA, 34761		
		LIAM.DEVERSON@ICLO	City/State and Zip Code UD.COM	
		E-mail address: (t	o be used for future annual report notif	ication)
For further	er information co	oncerning this matter, please ca	II:	
LIAM DI	EVERSON		407 6199363	
	Name of	l Person	at ()	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$ 25.0	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 Registration S		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

1212 S HIGHLAND AVE LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our red Limited Liability Company)	eords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/14/2022	and assigned
Florida document number L22000270450	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	office address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 familian 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
AMBR	SILVIA ZANNETTI	703 E LAKESHORE DRIVE	
		OCOEE, FLORIDA, 34761	⊡Кеточе
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fective date, if other than the	date of filing:	(optional)
n effective date is listed, the date mus	t be specific and cannot be prior to c	date of filing or more than 90 days after filing.) Pursuant to 605.020
cument's effective date on the De	epartment of State's records.	e statutory filing requirements, this date will not be listed a
	e date, but not an effective time	, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed.		
ted	2022	
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cope.	3	
	Signature of a member or authorize	ed representative of a member
LIAM DEVERSON		
	Typed or printed n	ame of signee