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SECRETARY OF STATE

COVER LETTER

Division of Corporation	ons	
SUBJECT: Hi	an tarade co UC	
	Name of Limited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Mark Pelham Name of Person	
	High Grade Co	
	· · · · · · · · · · · · · · · · · · ·	
	HGPress urewash @ Notwail. Com E-mail address: (to be used for future annual report notification) SERETARY OF STATE OF THE STATE OF THE STATE OF STATE OF STATE OF THE STATE	
	Bradenton, FL, 34209 City/State and Zip Code HG Press wewash @ Notwail. com E-mail address: (to be used for future annual report notification)	
For further information concern		
Mark Pelhar	n 941, 920-2862	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the follo	wing amount:	
S \$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) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		
Division of Corpor P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32.	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I High Grad	te (o lic_	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reliability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 12200330040	were filed on 7/26	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
V A		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MA	20D
(Principal office address MUST BE A STREET ADDRESS)		7 OC 1
		AHASS
Enter new mailing address, if applicable:	NA	WAY S
(Mailing address MAY BE A POST OFFICE BOX)		F 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new registere
New Registered Office Address:	Enter Florida street o	address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signa	ture of New Registered Agent

If amending A or removed fro			ige, <u>enter the title, name, and address of each pe</u>	rson being adde
MGR = Man AMBR = Auti		per		
<u>Title</u>	<u>Name</u>		Address 1	'vpe of Action
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			Sarasota FL, 34234	∄ Remove
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lf amen	ding any other i	nformation, enter	change(s) here	e: (Attach addi	itional sheets, i	f necessar	y.)	
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If an effec	ctive date is listed, the	han the date of fil date must be specific a n this block does no	and cannot be prior	to date of filing or	r more than 90 day	(optional) s after filing	.) Pursuan	nt to 605.0207 (
docume:	nt's effective date	on the Department o	f State's records.		mig requiremen	es. uno duce	WIII IIOA	or noted to
e record ord is file	specifies a delayed	l effective date, but r	10t an effective ti	ime, at 12:01 a.r	n, on the earlier	of: (b) 11	ne 90th d	ay after the
Dated _	Octobe	- 20 M	2022	7.				
	_	Signature of	f a member or auth	orized representat	ive of a member	<u> </u>		
		Mark	Delhar					
		1 WIF	Typed or print	ted name of signer				