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COVER LETTER

Division of C		•		_	
# Higher I	evel Management LLC	*	•7		
SUBJECT:	Name of Lim	ited Liability Company	****		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Stephanie Goebel				
	·	Name of Person			
	ZenBusiness Inc.				
		Firm/Company		, , , , , , , , , , , , , , , , , , , 	
	5511 Parkerest Drive, Ste.	103		2022 DEC	
	_	Address		· (7	
	Austin, TX 78731				•
		City/State and Zip Code	•	·	-
	fulfillment@zenbusiness.co				:
	E-mail address: (to be used for future annual report notifi	cation)		
For further information	concerning this matter, please c	all:			
Stephanie Goebel e/o	ZenBusiness Inc.	844 493-6249 at ()			
Nam	e of Person		Telephone Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Higher Level Management LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 2022-08-05	and assigned
lorida document number 1.22000346124	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite"	ed Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		7672
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		7:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>បា</u> បា
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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
AMBR	Basil Abdul King		☐ Add
			 _
		340 West Flagler Street, Apt 907 Miami, FL 33131	■ Remove
			Change
			🖸 Add
			□ Remove
		· 1 1 1 1 1 1 1 1 1 1 	Change
			Change
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			□ Remove
			☐ Change
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			Change

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	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fil	
record specifies a delayed ne 90th day after the rec	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earli
December 7	2022	
/s/ Deborah Schuhmad	her De Oliveira	