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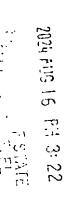
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
, SUBJEC	4413 Holdi	ngs, LLC		
NUBJEC	1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		R. Seth Mann, Esq.		
			Name of Person	
		R. Seth Mann, P.A.		
			Firm/Company	······································
		38109 Pasco Avenue		
			Address	
		Dade City, FL 33525		
			City/State and Zip Code	
		seth@sethmannlaw.com		
For furthe	er information c	n-mail address: (oncerning this matter, please e	to be used for future annual report n ail:	otification)
	iann, Esq.	,	352 567-5010	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Fueloved	in a ulcuala fan d	Callania a um unatu		
		ne following amount:		(=) A
■ \$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration S	Section
	Division of C		Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810 !

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lightlity Compa			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on or Liability Company)	ir records.)	<u>.</u>
ne Articles of Organization for this Limited Liability Company orida document number $\frac{1.23000111950}{}$.	were filed on March 2,	2023	_ and assigned
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LI.C" or the abbro	eviation "L.L.C."
iter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)			
ter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our record	s, <u>enter the name (</u>	of the new regist
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Florida str	vet address	
	Enter Florida stra	vet address , Florida	
	Enter Florida stre City		Zip Code
	City		Zip Code

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>	Address	Type of Action
MGR	Charles C. King	P. O. Box 1092	□Add
		Dade City, FL 33526	■Remove
			□Change
MGR High Country M	High Country Management, LLC	P. O. Box 1092	≡ Add
		Dade City, Ft. 33526	□Remove
			□Change
			□Add
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			□Change
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ective date, if other than the d	ate of filing:	(option	ıal)
n effective date is listed, the date must be too. If this data invocated in this bloom	k does not meet the applicable statut	ling or more than 90 days after fr ory filing requirements, this o	ling.) Pursuant to 605,02 late will not be listed
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cument's effective date on the Dep			The 90th day after th
cument's effective date on the Dep	date, but not an effective time, at 12:	Of a.m. on the earlier of: (b)	
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cument's effective date on the Dep	date, but not an effective time, at 12:0	OI a.m. on the earlier of: (b)	2024 AUG

Filing Fee: \$25.00