

L23000222638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

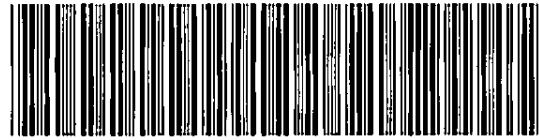
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600409863376

LLC Amend

2023 JUN 16 AM 9:10

FILED

CLERK OF STATE
JULY 10, 2023

2023 JUN 16 PM 2:34

NOTED

CLERK OF STATE
JULY 10, 2023

A. RAMSEY

JUN 19 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160: \$60.00

Authorization Signature: [Signature]

HIGH RISE SWINGS & SCAFFOLDS LLC

L23000222638

Business

DOC#

☒ X Certified Copy

☒ X Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Officer/Director

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **LLLP**

AMENDMENTS

☒ X Amendment

☐ Resignation of R.A. or member

☐ Dissolution

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

☐ **Statement of Correction**

OTHER FILINGS

☐ **Trademark**

☐ Annual Report

☐ Fictitious Name

☐ **APOSTILLE**

☐ Other

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGH RISE SWINGS & SCAFFOLDS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Tejeda Jr

Name of Person

HIGH RISE SWINGS & SCAFFOLDS LLC

Firm/Company

22121 SW 312th Street

Address

Homestead FL 33030

City/State and Zip Code

HighRiseSwingstages@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Tejeda Jr

305 970-1659
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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**

FILED

2023 JUN 16 AM 9:10

HIGH RISE SWINGS & SCAFFOLDS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/05/2023 and assigned
Florida document number L23000222638.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, 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

[illegible]

[illegible]

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

David Lee
Signature of a member or authorized representative of a member

Typed or printed name of signer