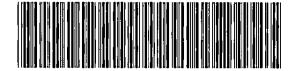
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(Requestor's Name)	
	Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Enlity Name)	
	Document Number)	
Certified Copies		f Status
Special Instructions to F		
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Office Use Only



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FILLO RECEIVED

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: High	Y Fresh U Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
	David Phan	Name of Person	
	Highly Fre	Name of Person LLC Firm/Company	
	2167 Pario	+ Lane Address	
	Tillas is see,	Fしアみ303 City/State and Zip Code	
	ľ	obe used for future annual report noti	fication)
	oncerning this matter, please ca		
David Pham Name of	Person	at (<u>\$50</u>) <u>679</u> – Area Code Daytim	1432 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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



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

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The Articles of Organization for this Limited Lia Florida document number <u>しょうののより</u>		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or regard and/or the new registered office address	gistered office address on our records, <u>ent</u> <u>here</u> :	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		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 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>	Name	Address	Type of Action
AMBR	Dillon Trace Hughes	4914 pt milligan Rd	for go and
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iote:	ive date, if other than the date of filing: (optional) (ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
l is fi	
ated	Dan Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member On V. O. Ph Typed or printed name of signee

Filing Fee: \$25.00