## L240000H3961

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2000)
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## **COVER LETTER**

TO: Registration Set Division of Cor				: :
SUBJECT:	tigh hollers to	gistic Enterprises,	ilc	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing,		
Please return all correspo	ndence concerning this matter	r to the following:		
	Erin Carri	Name of Person		
				707/FEB
		Firm/Company	<del></del>	
	3020 All Red	Or. Apt A		72
	Auburndale	FL 33823 City/State and Zip Code		8: 29
	E-mail address:	to be used for future annual report not	ification)	
For further information co	oncerning this matter, please c		,	
Erin Carrin	Atun	at ( <u>863</u> ) <u>595</u> Area Code Daytim	6369 ne Telephone Number	
Enclosed is a check for th	e following amount:			
■\$25.00 Filing Fee & Certificate of Status		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Section of Core The Centre of T	porations Fallahassee	0
rananassee, r	L J2J17	Tallahassee, FL	e Street, Suite 810 232303	U

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Rollers Logistic &	Company as it now appears on our records.)
(A Florida I	Cimited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on 1/23/24 and assigned
Florida document number <u>L240600 43961</u>	• • • • • • • • • • • • • • • • • • •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3020 All hed Drive Apt A = -
(Principal office address MUST BE A STREET ADDRE	A 1 1 21 00 1 2 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3020 Allhed Drive Apt A = 18 Auburndale, FL 33823
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
	n Carrington
New Registered Office Address: 3020	Enter Florida street address
Aub	urndule Florida 33823
	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>	Address	Type of Action
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ffectiv	e date, if other t	han the date of	filino:				(option	al)		
an effec	ctive date is listed, the f the date inserted i	date must be speci	fic and cann	ot be prior to	date of filing	or more than 9	days after fil	ing.) Purs	uant to 60	5.0207
	nt's effective date				ole statutory	ring require	ments, this ti	ate wiii	not be its	sicu as
record d is file	specifies a delayed	effective date, b	it not an ef	ffective tim	e, at 12:01 a	.m. on the ea	tier of: (b)	The 90t	h day aft	er the
	1/31/24			24	_•					
Dated _	<del>-   -   -   -   -   -   -   -   -   -  </del>									
Dated _	- ( - / - /					ative of a mem				