124000068839

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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02/26/24--10/24--01/2 **. 5. 00



COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor		
SUBJEC	HEY!HIGH	I LI.C	
SOBJEC	~··	Name of Lim	ited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing
		ndence concerning this matter	
		Andres Unwin-Martinez	
			Name of Person
		hey!high llc	
			Firm/Company
		723 Crandon Blvd, Apt 20	15
			Address
		Key Biscayne, FL 33149	
			City/State and Zip Code
		-	
			to be used for future annual report notification)
For furth	ner information c	oncerning this matter, please co	an.
Andres	Unwin-Martinez		
	Name o	f Person	at () 205-1698 Area Code Daytime Telephone Number
Enclose	d is a check for th	ne following amount:	l ₁ 1
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEY!HIGH LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L24000068839</u>	ny were filed on 02/07/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
HEYHIGH LLC		
The new name must be distinguishable and contain the words "Limited Lie	ibility 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)		- (-)
		15)
B. If amending the registered agent and/or registered offic	e address on our records, enter th	
agent and/or the new registered office address here:		() == ()
		구를 일
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

<u>ed</u>

lf amending or removed	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:		
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□Remove
			□ Change
			[7] D

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		_ □Change
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		Change

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Effective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	rs after filing.) Pursuant'th 605.0207 ts, this date will not be listed as
the record specifies a delayed effective date, but not an effective time, at 12) The 90th day after the record is filed.	:01 a.m. on the earlier of
Dated February 16 2024	
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	
Andres Luca Unwin-Martinez Typed or printed name of signce	

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