1240000080723

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2024 [27] [5: 5

S. PRATHER

COVER LETTER

TO: Registration S Division of Co			·
	Florida, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Matthew Peck		
		Name of Person	
	Higher Up Florida, LLC		
		Firm/Company	
	12206 BALLENTRAE FO	OREST DR	
		Address	
	RIVERVIEW, FL 33579		
		City/State and Zip Code	
	MATTHEWPECK92@GN	1AIL.COM to be used for future annual report not	and that the
For further information of	concerning this matter, please c		ancanon)
MATTHEW PECK		941 266-9338 at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 633		The Centre of	
Tallahassee,	ΓL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHER UP FLORIDA, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	27
The Articles of Organization for this Limited L. Florida document number 1.24000080723		were filed on 02/14/2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity 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)		12206 BALLENTRAE FOREST	DR
		RIVERVIEW, FL 33579	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	12206 BALLENTRAE FOREST RIVERVIEW, FL 33579	DR
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:	MATTHEW PI	ECK	
New Registered Office Address:	12206 BALLE	NTRAE FOREST DR	
		Enter Florida street address	
	RIVERVIEW	. Floric	la 33579
		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
MGR	AUSTIN KELLY	2588 GREENHAVEN AVE #307 WESLEY CHAPEL, FL 33543	□Add
			≡ Remove
			□Change
			□Add
			□Remove
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	12/14/2024			
	te of filing:	(optional)		605.02
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ective date, if other than the da effective date is listed, the date must be e: If the date inserted in this block	does not meet the applicable statutory	g or more than 90 days after filing.) filing requirements, this date w	Pursuant to vill not be	
ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	does not meet the applicable statutory	g or more than 90 days after thing.) filing requirements, this date v	Pursuant to vill not be	
e: If the date inserted in this block ument's effective date on the Departure of the Depart	does not meet the applicable statutory rtment of State's records.	r filing requirements, this date w	vill not be	
e: If the date inserted in this block ument's effective date on the Departure of the Depart	does not meet the applicable statutory	r filing requirements, this date w	vill not be	after th
e: If the date inserted in this block ument's effective date on the Department's effective date on the Department is specifies a delayed effective date.	does not meet the applicable statutory rtment of State's records.	r filing requirements, this date w	vill not be 90th day	
e: If the date inserted in this block ument's effective date on the Department's effective date on the Department's effective date of the defective date o	does not meet the applicable statutory rtment of State's records. ate, but not an effective time, at 12:01	r filing requirements, this date w	vill not be 90th day	
e: If the date inserted in this block iment's effective date on the Department's effective date on the Department specifies a delayed effective datiled. DECEMBER 18	toos not meet the applicable statutory rtment of State's records. ate, but not an effective time, at 12:01	ofiling requirements, this date was a.m. on the earlier of: (b) The	vill not be 90th day	
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