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COVER LETTER

•	stration Section ion of Corporations
SUBJECT: _	High Mark Homes LLC Name of Limited Liability Company
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Andy Wilson Name of Person
	Hish Mark Homes LLC Firm/Company
	1165 Deer Moss Loop Address
	Nicealley FL 32578 City/State and Zip Code
	high mark dream homes Egmail. com E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
And	Name of Person at (856) 365-6544 Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
≤ \$25.00 Fil	ing Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee, } \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

High Mark He	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24006328096</u> .	ny were filed on Thy 24, 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:
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	1165 Deer Moss Loop Niceville, FL 325 78
(Principal office address MUST BE A STREET ADDRESS)	Niceville, FL 325 18
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1165 Deer Moss Loop Niccuille, FL 32569
agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: And	Detr Mess Loop To. 12 Enter Florida street address 122 78 Vin Code
New Registered Office Address:	Enter Florida street address
Nice	ville, Florida 32578
_v	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

Address Type of Action Title Name MGR ANDY WILSON 1165 DITT MESS LOOP GARD NICKVILLE FL 32578 Remove _____ □Change AMBR 148 Shore Line Dr DAdd Tarrah Minor Mary Esther FL 3256 TREMOVE Remove _____ Change ______ □Remove .__ □Add _____ □Remove DAdd □Remove

~	
,_,,	
(If an effective Note: If the	late, if other than the date of filing: 9117124 (optional) e 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record spe eord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 17. 2024.
_	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member