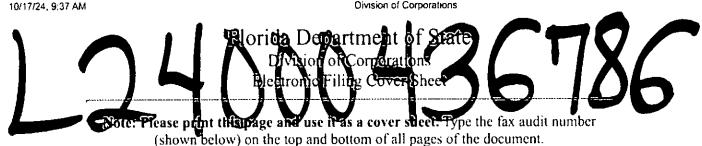
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NORTH SOUTH LAW GROUP PLLC

Account Number : I2024000080 Phone : (305)697-7300 Fax Number : (813)359-0734

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Smoil	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGH PEAKS LLC

Certificate of Status	0
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M. SOLOMON

OCT 17 2024

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## **COVER LETTER**

	gistration Se vision of Cor			
	High Peaks	LLC		
SUBJECT:		Name of Litt	nited Liability Company	<u> </u>
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
		endence concerning this matter	•	
		David Goodell		
			Name of Person	<del></del>
		High Peaks LLC		
		<del></del>	Firm/Company	
		428 Virginia LN Unit F		024 C
		<del> </del>	Address	
		Dunedin, FL 34698		2024 OCT 17 PM 1: 13 SECONDISTATE FACTOMASSEE FL
		Goodell623@gmail.com	City/State and Zip Code	TOO TO
			to be used for future annual report notification)	一 「荒 3
For further i	nformation c	oncerning this matter, please c	all:	
David Good	lell		508 916-1488	
-	Name o	f Person	Area Code Daytime Telephone Nu	трст
Enclosed is	a check for th	ne following amount:		
<b>≡ \$</b> 25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy tional copy is enclosed.
	illing Addres gistration S		Street Address: Registration Section	
Di	vision of C	orporations	Division of Corporations	
	D. Box 632 llahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Peaks LLC		
(Name of the Limited Liab(lity Compa (A Florida Limited	any <b>as it now appears on our :</b> Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000436786</u>	were filed on October 11.	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	428 Virginia LN Unit F	<b>2024 (</b> SEC
(Principal office address MUST BE A STREET ADDRESS)	Dunedin, FL 34698	
Enter new mailing address, if applicable:	428 Virginia LN Unit F	
(Mailing address MAY BE A POST OFFICE BOX)	Dunedin, FL 34698	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	auuress on our recorus, <u>c</u>	ther the name of the new registered
New Registered Office Address:	Enter Florida street o	oddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dution provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is

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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s filed.	. uate, out not an t	arecure tim	c, at 12.01 a.m.	. on the carner c	n. (b) The 30th	any anter
October 17	2.	024				
ed October 17	, <u></u>	,				
David Boodel						

Filing Fee: \$25.00