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| (Re | equestor's Name) | 1 |
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| . (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY COR-STATE DIVISION OF DESPORATIONS

j.

T. HAMPTON
APR 8 0 2010

EVARAINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| SUBJECT: | Himarc A | utomotive, LLC | | | |
|---------------------------|---|---|--|--|--|
| | | ted Liability Company | | | |
| • | , | • | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | • | | | | |
| | Jule Belden | | | | |
| | Name of Person | | | | |
| | Himarc Automotive, LLC | | | | |
| | | Firm/Company · | | | |
| | 43 | 60 S. Ridgewood Ave | | | |
| | | Address | | | |
| | P | ort Orange, FL 32127 | | | |
| | | City/State and Zip Code | , | | |
| | ju R mail address: (| lebelden@gmail.com o be used for future annual report not | tiffaction) | | |
| | | | micanon) | | |
| | concerning this matter, please c | an: | • | | |
| | Jule Belden | at (386) | 341-7500 | | |
| Name of Person | | Area Code & Dayti | ime Telephone Number | | |
| | | | | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | | |
| MAII | LING ADDRESS: | STDEET/COLU | RIER ADDRESS: | | |
| Regis | tration Section | Registration Sect | tion | | |
| | ion of Corporations Box 6327 | Division of Corp Clifton Building | | | |

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on | Himarc Auto (Name of the Limited Liability Compa (A Florida Limited I | motive, LLC inv as it now appea Liability Company) | rs on our records.) | <u></u> | | |
|--|---|--|---------------------------|-------------|-------------|--|
| A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | 1,000,0070,405 | were filed on | 08/13/2009 | _ and ass | igned | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | This amendment is submitted to amend the following: | | | | | |
| **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) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | A. If amending name, enter the new name of the limited liab | oility company her | <u>re</u> : | | | |
| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | | ited Liability Comp | any," the designation "LL | C" or the a | bbreviation | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | Enter new principal offices address, if applicable: | 405 United D | rive | | es S_S_ | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | (Principal office address MUST BE A STREET ADDRESS) | New Smyrna | Beach, FL 32168 | | 10 X 015 | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida | Enter new mailing address, if applicable: | | | | Seven a | |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | (Mailing address MAY BE A POST OFFICE BOX) | | | 69 | RATIO | |
| New Registered Office Address: Enter Florida street address , Florida | | | our records, enter the | e name o | f the nev | |
| Enter Florida street address , Florida | Name of New Registered Agent: | | | | | |
| , Florida | New Registered Office Address: | F> | nter Florida street addre | NS. | | |
| , a value of the contract of t | | Enter Fioriau street address | | | | |
| | | City | , Florida | 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = MGRM | Manager I = Managing Member | | |
|---------------|--|---|---------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| | | | Add Remove |
| | _ | | Add Remove |
| | _ <u>-</u> | | Add Remove |
| | | | Add Remove |
| | _ | | Add Remove |
| | | | Add Remove |
| D. If aı | mending any other information, enter cha | ange(s) here: (Attach additional sheets, if necessary.) | _ |
| | Please change Principal address | from: | |
| | 4711 S. Ridgewood Ave., Port Ora | ange, FL 32127 | SIAI |
| | to 405 United Drive, New Smyrna | Beach, FL 32168 | CREJARY ION OF S |
| | | | 2 800 G |
| Dated _ | April 26 , | 2010 . | F STATE PORATIONS |
| | Signature of a men | 2 Beldenative of a member | |
| | — Signature of a fileti | Jule I Belden | |
| | Ту | ped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00