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SECRETARY OF STATE
DIVISION OF CORPORATION



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HALO AUTO SPORTS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HEATHER BRAHAM Name of Person
HALO AVTOSPORTS Firm/Company
535 21ST AVE NE
ST PETERSBURG, F. 33704 City/State and Zip Code haloauto Sports Ognail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HEATHER BRAHAM at 305, 942, 6122 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

AHn. Registration

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAILO AUTO SDARTS, LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	bility Company as it now appears or ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number LIIO 0005 7		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
	<u></u>	<u> </u>
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	City	, Florida Zip Code
	Cuy	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

Dated

MGRM = Managing Member **Title Type of Action** <u>Name</u> <u>Address</u> HEATHER BRAHAM Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

HEATHER BRAHAM

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00