L13000132657

(Req	juestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

High Perfomance Auto Sales & Motorsports, 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:

Adriana Gonzalez

Name of Person

High Performance Auto Sales & Motorsports, LLC.

Firm/Company

1111 Main St. E

Address

Lakeland, FL 33803

City/State and Zip Code

highperformanceautosales@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Gonzalez

863₈08-6788

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Performance Auto Sales & Motorsports, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 9/19/2013	and assigned
Florida document number L13000132657		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		ZOLID DEC 20
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "I	
Enter new principal offices address, if applicable:		<u>つい い</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 of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
	, Florida	
	City	Zip Code
New Desistand Agent's Signature if changing Desistand Agent.		

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

MGRM = Managing Member **Title** Name **Address Type of Action** Adriana Gonzalez **MGRM** 1113 West Greenwood Street Lakeland, FL 33815 Remove **MGR** Kelvin Guzman 1113 West Greenwood Street Lakeland, FL 33815 Remove Remove

ir amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	AG
	Signature of a member or authorized representative of a member
Adria	ana Gonzal <i>ę</i> /z/
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE