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JUL 27 2015 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HOlley Enterprises, 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:
Pacer Holley  Name of Person
Firm/Company
4401 King Cole Blud.
Orlando H 32811  Cit/State and Zip Code
Pacer holle y @ yahoo. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Courtney Williams 45, 4859591  Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$ 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

(Name of the Limited Liability Companion (A Florida Liability Companio	y as it now appears on our records.)	<u></u>
The Articles of Organization for this Limited Liability Company v Florida document number <u>LISOOII73</u> 99	, , , , ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile.  The new name must be distinguishable and contain the words "Limited Liability."	Investme	the abbreviation "L.L.C."
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 offices registered agent and/or the new registered office address here:		enter the name of the nev
Name of New Registered Agent:	<del></del>	5
New Registered Office Address:	Enter Florida street address	HASSE THAN SEE
	, Florid	
New Registered Agent's Signature, if changing Registered Agent:	City	Co. ZipCode (man)

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

<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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				s after filing.) Pursuant to 605.02 s, this date will not be listed a
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Filing Fee: \$25.00