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COVER LETTER

	Registration S Division of Co			
GLID IT!		CLASSICS, LLC.		
SUBJEC	:I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Ватту E. Hughes		
			Name of Person	
		Barry E. Hughes, P.A.		
			Firm/Company	
		900 Big Tree Rd		
			Address	
		South Daytona, FL., 3211	9	
			City/State and Zip Code	
		barry@barryhugheslaw.con		
		E-mail address: (to be used for future annual report no	tification)
For furth	er information	concerning this matter, please c	all:	
Ваггу Е.	Hughes		386 788-9667 at ()	
	Name	of Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for	the following amount:		
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address: Registration S	ection
	Registration Division of (Registration S Division of Co	
	P.O. Box 63		The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

TRI STAR CLASSICS, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000133481	were filed on August 5, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
HANKSTERS HOT RODS OF DAYTONA, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2022 3550
		DEC 22
		22 PA
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter the i</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	_, Florida	
	City	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 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.

City

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot to does not meet the	applicable statu	filing or more than 9 story filing require	(optional) 0 days after filing.) P ments, this date wi	ursuant to 605.0207 (Il not be listed as t
e record specifies a delayed effective ord is filed.	late, but not an effe	ctive time, at 12	:01 a.m. on the ea	rlier of: (b) The S	Oth day after the
December 19	2022				
Dated	·	 ·			
Dated December 19,					
Dated December 17,	5 (2)				
Dated December 17,	gnature of spiember	or authorized repr	resentative of a men	ber	

Filing Fee: \$25.00