L160000 12199

Office Use Only



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FALLAHASSEF TO THE

COVER LETTER

TO:

TO:	Registration Se- Division of Cor						
eno u	Hoodneck Wheels and Tires LLC						
aubar		Name of Lim	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Anthony Loiscanc					
			Name of Person				
		Hoodneck Wheels	and Tires LLC				
		<u> </u>	Firm/Company				
	405 Orange Street						
			Address				
	Palm Harbor, Fi. 34683						
			City/State and Zip Code				
		tedfcpa@aol.com					
			(to be used for future annual report notification)				
For fur	ther information co	oncerning this matter, please co	att:				
	Ted Freidinger	r	727 786-1600				
	Name o	f Person	at ()				
Enclose	ed is a check for th	ne following amount:					
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section Division of Corporations			Street Address: Registration Section				
			Division of Corporations				
	P.O. Box 632	7	The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoodneck Wheels and Tire				
(<u>Name of the Limited Liahi</u> (A Floric	lity Company as it now app la Limited Liability Company	ears on our records.) v)		
The Articles of Organization for this Limited Liability (Iorida document numberL16000012199	Company were filed on	1/19/2016	and assigned	
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the lin	nited liability company	here:		
Done Rite Performance LLC	Ç			
e new name must be distinguishable and contain the words "Lin	mited Liability Company," th	e designation "LLC" o	or the abbreviation, "L.L.C."	
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
			26 855	
nter new mailing address, if applicable:			01.HW	
Mailing address MAY BE A POST OFFICE BOX)			5- <u>£</u>	
. If amending the registered agent and/or registerogent and/or the new registered office address here:		r records, <u>enter th</u>	e name of the new regist	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter F	lorida 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.

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
			□ Remove
			Change
			□Add
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ote: It	the date inserted in	this block does no	ot meet the applic	able statutory fil	ing requirements,	this date will no	ot be listed
ocumen	t's effective date of	n the Department o	of State's records.				
record s	specifies a delayed	effective date, but a	not an effective ti	me at 12:fil a n	on the earlier of	· /h) - The OOth	day after th
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Filing Fee: \$25.00