

L17000212727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

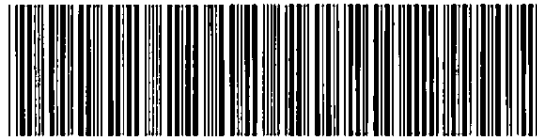
(Business Entity Name)

(Document Number)

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DEC 22 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HBK AUTO GROUP 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:

MUSA KAMAU BLOUNT

Name of Person

HBK AUTO GROUP LLC

Firm/Company

12766 US HIGHWAY 301 SOUTH

Address

STARKE, FL 32091

City/State and Zip Code

REGINA@BUSBKP.COM

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

For further information concerning this matter, please call:

MUSA KAMAU BLOUNT 352 281-9131

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HBK AUTO GROUP 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 10-16-2017 and assigned
Florida document number L17000212727.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

MUSA KAMAU BLOUNT

12766 US HIGHWAY 301 SOUTH

STARKE, FL 32091

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MUSA KAMAU BLOUNT

New Registered Office Address:

12766 US HIGHWAY 301 SOUTH

Enter Florida street address

STARKE

City

Florida 32091

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MUSA KAMAU BLOUNT	2325 SE 9TH PLACE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32641	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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FBI - TAMPA

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

WE ARE NEEDING THE AUTHORIZED PERSONEL DETAIL TO SHOW THE FULL NAME ON THE
DIVISION OF CORPORATIONS WEBSITE & ALSO CORRECT THE PRINCIPAL ADDRESS

17 DEC 22 PM 12:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

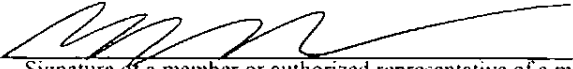
E. Effective date, if other than the date of filing: 12-22-17 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 22nd . 2017


Signature of a member or authorized representative of a member

Musa Kaman Blount
Typed or printed name of signee