

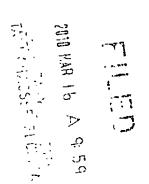
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COVER LETTER

Division of	Corporations		
H	ICC AUTO CENTER, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		EDGAR F. PEREZ	
		Name of Person	
		HQ AUTO CENTER, LLC	
		Firm/Company	
		2460 17TH STREET	
		Address	
		SARASOTA. FL 34234	11. 2
	1	City/State and Zip Code	
		friendlysolutions@gmail.com to be used for future annual report notific	ation)
For further information	on concerning this matter, please co	all:	
EDGAR F. PEREZ		941 364 5964 at ()	
Nai	me of Person		Felephone Number — 6
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fee	e \$30.00 Fiting 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)
M	AILING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HCC AUTO CEN	TER, LLC				
(Name of the Lim	ited Liability Company ((A Florida Limited Liab	ility Company)	ars on our records.)			
The Articles of Organization for this Limited I		re filed on _	FEBRUARY 05.	2018	and assi	gned
Florida document numberL18000032504						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liabilit	y company l	<u>iere</u> :			
H Q AUTO CENTER, LLC						
The new name must be distinguishable and contain the	words "Limited Liability	Company," the	designation "LLC" or	the abbrev	iation "L.I	C.''
Enter new principal offices address, if appli	cable:	√A				
(Principal office address MUST BE A STRE	ET ADDRESS)		-	-,		
				-11		
					HA.N	
Enter new mailing address, if applicable:				,,-	 سى	1
(Mailing address MAY BE A POST OFFICE	= ROV)			FF1g		1 1 1
maning dadress MAT BL AT OST OFFICE					<u>, , , , , , , , , , , , , , , , , , , </u>	200
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D. If amounting the registered exect and	lan marintanad affa				۰	. C . L
B. If amending the registered agent and registered agent and/or the new registered of		e aduress o	on our recorus, <u>e</u>	nter the	name (n the nev
Name of New Registered Agent:	N/A			·		
New Registered Office Address:						
- 2 - Manager Street Milety		Enter Flo	orida street address			
			, Florid	ta		
		City	, 1 10110		Lip 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 N/A □ Add _□ Remove _□ Add _□ Remove

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prio	or to date of filing or more than 90 days after filing.) Pursuant to 605.02 cable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records	s.
e record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
rated	
	<u> </u>
EM	
	norized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00