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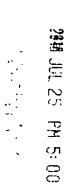
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJ	ECT:C	OYOTE CUSTO Name of Lim	ited Liability Company	<u>.</u>
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		AHITOR (	GAUBE CA	
			Name of Person	
		COYOTE	CUSTOMS LLC	
			CUSTOMS LCC Firm/Company	<del></del>
		9889 S C	XLANGE BLOSGOM TRA	i'L
			Address	
		OLCANDO	> FL 32837 City/State and Zip Code	
			City/State and Zip Code	
		SALES 60 CO	YOTECUSTOMS FL. COM to be used for future annual report notif	· .
				ication)
For fu	irther information c	oncerning this matter, please ca	all:	
	AHITOE GAL	BECA	ar (40) 925 4	1899
	A HITOC GAU Name o	f Person	at ( <u>404</u> ) <u>925 4</u> Area Code Daytimo	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>⊠</b> \$	25.00 Filing Fee	☐ \$30.00 Filing 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)

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

COYOTE CUSTOMS 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 3/12/18 and assigned	
Florida document number <u>L 18000 1683 45</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
COYOTE COSTOM CLC  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)	_
	_
	_
To describe a delegar if applicables	
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	_
	_
to the first the name of the	nov
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	HEV
Name of New Registered Agent:	_
New Registered Office Address:	_
Enter Florido street address	ì
	_
Florida	
, Florida	

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

Title	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
		<del></del>	Change
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Filing Fee: \$25.00