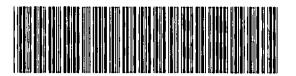
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COVER LETTER

TO:	Registration Section Division of Corpor		, ,	• •	, 4		
SUBJI	cr: Her	cules ;	<u>UhOles</u> Name of Limited I	iability Company	••		
The en	closed Articles of Am	endment and fe	e(s) are submitte	d for filing.			
Please	return all corresponde	nce concerning	this matter to the	e following:			
			Gustav	Name of Person	S Gonza	ule I	
	-	-	lercuies	S WYOURS CAL Firm/Company	e tires		
	-	10990)	<u>na 13</u>	8 th St un	it#13 H	alecih Gardens	FI
	-			Gardens y/State and Zip Code O Gardal Country used for future annual rej		2 <u>3018</u>	
For fur	ther information conce	erning this matte	er, please call:				
- =	GUSTANO Name of Per	<u>JiChOko</u>	Ganzalez	Z at (<u>205</u>) <u>3</u> Area Code	Daytime Telepho	63 one Number	
Enclos	ed is a check for the fo	ollowing amoun	t:	j			
□ \$2	5.00 Filing Fee C	330.00 Filing Certificate o		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here: Higheah T	ruck Tires U
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	10990 nw B8 th St ur	11+13
(Principal office address MUST BE A STREET ADDRESS)	Haleah gardens f	1 33018
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		53
New Registered Office Address:	Enter Florida street address	- 20
	, Florida	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 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>	Name	Address	Type of Action
<u>CEO</u>	Gustavo Nicholas Gonzalez	100190 nw 138thst unit#11 Haleah gardens f	3_4/dd 133018
			□Remove
			□Change
MGR.	Finique Lorenzo	10990 nw 138th st unit#1 Haleah Gard 33019	13 Madd
		59019	Remove □ Remove
			□Change
			□Add
			□Remove
			GChange
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an effectiv lote: If th	date, if other than the redate is listed, the date must he date inserted in this bloss effective date on the De	be specific and ock does not n	d cannot be prior i neet the applica	to date of filing or able statutory fili	more than 90 days a	otional) fler filing.) Pursuant t this date will not b	o 605.0207 e listed as
	ecifies a delayed effective	: date, but not	an effective tii	ne, at 12:01 a.m	on the earlier of	(b) The 90th day	after the
d is filed.							
ated	2/3/22		·	_ ·			
	, ,						
			<i>}</i>	N) 1			
		Signature of a 1		D W ALL			

Filing Fee: \$25.00