

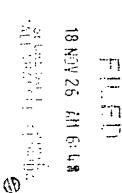
(Requestor's Name)
(Address)
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(,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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COVER LETTER

**	n of Corporations				
SUBJECT:	Hogan	Cav d	ed ail ling	, LLC	
	rticles of Amendment and				
Please return all	correspondence concern	ng this matter to	o the following:		
		Euriqu	Name of Person		
		1-100gan	Car Det	iailing	, LLC
	14 11	taloe	Address		
	<u> La</u> K	E Wor	Th F City/State and Zip Code	33461	
			be used for future annea		
For further info	rmation concerning this is	natter, please ca	II:		
	Ewiqu∈ H Name of Person	ogan	at (561) Area Code	389 99 Daytime Tel	ephone Number
Enclosed is a ch	neck for the following am	ount:			
\$25.00 Filio		ling Fee & ne of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		☐ \$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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	opears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number (18—20179)	10/10
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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:	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	200
	D =
B. If amending the registered agent and/or registered office address tered agent and/or the new registered office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
	. Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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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Filing Fee: \$25.00