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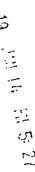
	(Requestor's Name)	
,	(Address)	
	(Address)	
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)	_
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Statu	s
Special Instructions	to Filing Officer:	

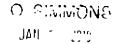
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: High Caliber Automotive 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:
Rodney C. Walker Name of Person
High Caliber Automotive
38435 5th Ave
Zepnyrnills fl 33542 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rocincy C. Walker at (813) 739-9907 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

High Caliber Hutoman as (A Florida Limited Liability Company as	11 IVC LLC it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>~190006250</u>	
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 Co Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ompany," the designation "LLC" or the abbreviation "LLC."
	•
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
· · · · · · · · · · · · · · · · · · ·	Circ 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>	Address	Type of Action
MGR Rodney Walts	Rodney Walter	38435 5º Ave	⊠ Add
	1	38435 5º Ave 2000 Avrnills for 33542	□ Remove
		7.73.12	Change
			Remove
			☐ Change·
			□ Rômove
			Change
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			□ Change

. It ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
Note: If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of: 0th day after the record is filed.
Dated	San, 10 2019
	Signature of a member or authorized representative of a member
	Bodae, Uhlkocil
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00