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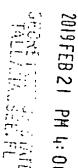
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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R. WHITE FEB 2 6 2019

COVER LETTER

TO:	Registration Sec Division of Corp			
CUBI		ctor Works, LLC.		
SUBJ	ECI:	Name of Limi	ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Chad Horton		
			Name of Person	
		H.E.C. Tractor Works, LLO	C.	
			Firm/Company	
		281 Azalea Dr.		
			Address	
		Destin, FL 32541		
			City/State and Zip Code	
		flaseptic@hotmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Chad	Horton		850 376-0058	
	Name o	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$3	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

TO:

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



H.E.C. Tractor Works, LLC.

,			<u> </u>
(Name of the Limi	ted Liability Company as	it now appears on our r	ecords
	(A Florida Laurica Laurin	ty Company)	ecords ATE
The Articles of Organization for this Limited L			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
, ,			
(Principal office address MUST BE A STRE	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered of		address on our re	cords, enter the name of the
Name of New Registered Agent:	Angela M Kalthoff		
New Registered Office Address:	281 Azalea Dr.		
New Registered Office Address.		Enter Florida street	uidress
	Destin		_, Florida <u>32541</u>
	-	City	Zin 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.

f 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	Chad Horton	281 Azalea Dr. Destin, FL 32541	Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
		Add	
			□ Remove
			☐ Change
		□ Add	
		☐ Remove	
		□ Remove	
			Change
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			Change

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Note:	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated_	2-15 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00