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COVER LETTER

Div	ision of Corp	porations	•	
SUBJECT:	HIGH ROC			
oobaner.		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		COLBY WESTMORELAND		
		HIGH ROCK MOTORS LLC	Name of Person	
			Firm/Company	
		16782 NW SR 45		
		HIGH SPRINGS FL 32643	Address	
		CAKESBYKAYLA@HOTMA	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
COLBY WESTMORELAND		352 316 2744 at ()		
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$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

TO:

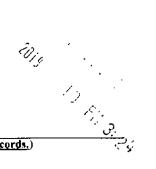
Registration Section

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 ROCK MOTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	Enter Florida street address , Flo	
New Registered Office Address:	Finter Florida street address	
Name of New Registered Agent:		
registered agent and/or the new registered offi	or registered office address on our records, <u>ice address bere</u> :	enter the name of the ne
(Mailing address MAY BE A POST OFFICE B	<u></u>	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new principal offices address, if applica	ble:	
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name of	the limited liability company here:	
This amendment is submitted to amend the follow	wing:	
The Articles of Organization for this Limited Lia Florida document number L19000145991		und ussigned
The Articles of Organization for this Limited Lia	shility Company were filed on Octobizo 15	and assigned

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 COLBY WESTMORELAND 24634 NW 160TH AVE MGR HIGH SPRINGS FL 32643 ■ Add ☐ Remove ☐ Change ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove

☐ Change

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	20/07/2010
ffecti	06/03/2019
an effe	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locume	ent's effective date on the Department of State's records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	SEPTEMBER 9 2019
vated _	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00