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S. YOUNG

COVER LETTER

TO:	Registration S Division of Co	rporations	,	
CUDIC	cr 11.c	b Side Puchings	Paint & Fabrication ited Liability Company	110
PUBLE	CI:	Name of Lim	ited Liability Company	LLC
The enc	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Michael	1 Decume 10.	
		THEME	J Downs Jr. Name of Person	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			r irm/Company	
		318 SW 1946	1 car	
			L G j C Address	
		Capl Coral	Florida 3399/ CityNtate and Zip Code	
		high Side CUS toms -	to be used for future annual report notific	ation)
- .		`	•	,
For turt	her information	concerning this matter, please of	ан:	
и	i da cod do d	Day of Ja	at (234) 627-19	33
	Name	of Person	at (<u>234</u>) <u>677-193</u> Area Code Daytime	l'elephone Number
•		the following amount:		
X \$25	000 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy	 \$60.00 Filing Fee, Certificate of Status &
		Certificate of Status	(additional copy is enclosed)	Certified Copy
				(additional copy is enclosed)
			a.	
	Mailing Addra Registration		Street Address: Registration Sect	ion
		Corporations	Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Highside Customs Pair	of & labrication	LLC	
High Side Customs Pair (Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	~2
The Articles of Organization for this Limited Liability (Company were filed onS		and assigned
Florida document number <u>L 19000222 728</u>	 '	35 S	2
This amendment is submitted to amend the following:		SEE TU	# D
A. If amending name, enter the new name of the lim	nited liability company her	e:	0.50
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de-	signation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our re	cords, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:		E	
	Enter Floru	la street address	
		, Florida	
	Citv	2	ip 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>	<u>Name</u>	Address	Type of Action
AMBR	Michael J Downs Jr	318 SW 19th Lane	AAdd
		Cape Coral FL 33991	□Remove
			□Change
			□ Add
			Петюve
			Change
			□ Add
			□Remove
<u></u>			□ Add
			□ Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Remove
			Channe

Note:	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	Michael Downs Jr Typed or printed name of signee

ET FORD