K2C CCC 249462

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hop Actumotive Sales Lac 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:
Archie Tacy Name of Person
Hup Automotive Scles LLC
720 South Hapkins Ave
T. tus v. Ile FL 32780 City State and Zip Code
E-myll address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Dicase Person at (203) 800-5575 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$

Mailing Address:
Registration Section
Division of Corporations P:O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Has Auto mative	Salw 1.1 C	and the second	23 PM 3: U.,
Hop Auto moto C (Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	our records.) : : :	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L. 20008</u> 29.8.962	mpany were filed on $\frac{9}{2}$	22/20	and assigned
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			bbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing uddress MAY BE.A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		. Florida	
	City		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>	Name	Address	Type of Action
AMBIL	Michael I lavere	- 3005 Centaur Lane	
		T. tusv. Ile, FL 32796	ERemove
		Change	
			□Add
			□Remove
			□Add
		🗀 Remove	
			Change
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Effective date, if other than the date of filing: S - 17 - 20 2	
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Dated 8-17-2021.	after the
Diani P Lanese	
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Dignature of a memoer of authorized representative of a memoer	

Filing Fee: \$25.00