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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Hdm	es county M	iotors LC	· · · · · · · · · · · · · · · · · · ·
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jennifer K		
		Name of Person	
	Holmes Ca	inty Motors CC	
	1U8 Alex B	oraun Rd Address	-7 PM
	Bonifay	City/State and Zip Code	2: 08 STALE E. FL
	Info (G) impell	lingfinance.com	ation)
For further information c	oncerning this matter, please c	all:	
Jennifer K Name o	Di CZ f Person	at (305) 900 - 8 Area Code Daytime 1	245 Telephone Number
Enclosed is a check for the	~ ~		
□ \$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 Addres Registration S		Street Address: Registration Secti	on
Division of C		Registration Secti Division of Corpo	
P.O. Box 632		The Centre of Tal	
Tallahassee, I	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halmer Constructors 110

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L200035390</u>	any were filed on 1199 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1218 Alex Brown Rd Bonifay, F1 32425
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7020 F
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	fer L Diaz
New Registered Office Address: 203	N. Waukeshast Enter Florida street address
Bini	For Florida 32425 City Zip Code
Now Devictored Agent's Cionatura if shonging Desistand Age	- 4.

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MbR	Manuel pero JR	1218 Alex Brown Rd	□Add
		Bonifay, F1 324725	Remove
			Change
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]≥'(:	S 72 Add
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	pecifies a delayed effective	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (t) The 90th day
Signature of a member or authorized representative of a member	2/2	.202	<u>)</u> .		
Jennifer E DIGZ		Signature of a mornber or aut	horized representative o	f a member	

Filing Fee: \$25.00