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. (Re	questor's Name)
(Add	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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21 SET -7 PH 3: 15

COVER LETTER

	ion Section of Corporations		
SUBJECT: BAD	HABITS OFF-ROAD ACCE	SSORIES, LLC	
		ted Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub-	nitted for filing.	
Please return all co	rrespondence concerning this matter t	o the following:	
	Corpora	ate Maintenance Le	ad
		Name of Person	
	Proce	essing Department	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1	450 Vassar St	
		Address	
		Paga NV 80502	
		Reno, NV 89502 City/State and Zip Code	
	returnde	ocs@incauthority.com	
	E-mail address: (to	o be used for future annual report notif	ication)
For further informa	ition concerning this matter, please ca	li:	
Proc	essing Department	at (800) 638-2320	
	Same of Person	Area Code Daytime	e Telephone Number
Enclosed is a checl	c for the following amount:		
	Fee S30.00 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)
F	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURI Registration Sectio Division of Corpor	n
E	P.O. Box 6327	Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION & CONTROL OF THE PROPERTY OF THE PROP

21 SEP -7 PH 3: 15

BAD HABITS OFF-ROAD ACCESSORIES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit	y Company were filed on 02/26/21	and assigned
Florida document number L21000095998	<u></u> ,	
This amendment is submitted to amend the following	<u>;</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
	 -	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	uldress
		Planta.
	Cin	, Florida 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 - uures or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gabrielle Helton	14781 Radcliff Grade	Add
		Perry, FL 32348	
			Change
MGR	Jody Davis	14781 Radcliff Grade	☑ Add
		Perry, FL 32348	Remove
			Change
			Add
			☐ Remove
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t ectiv in effec	e date, if other than	i the date of filing: . e must be specific and ca	nnot be prior to date o	f filing or more than	(optional) 90 days after filing.) Po	rsuant to 605,0207
	f the date inserted in th nt's effective date on t			utory filing requi	rements, this date wil	I not be listed as
Cumic	in s circuit date on i	ne Department of Stat	e o records.			
reco	ord specifies a dela	aved effective dat	e. but not an e	fective time.	at 12:01 a.m. on	the earlier o
	00th day after the		.,			
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ited _	8/31/2021	·	~			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00