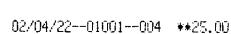
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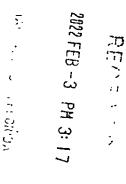
(Requestor's Name)	•
	Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	Document Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	





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A. BUTLER FEB - 3 2022

COVER LETTER

TO:	Registration Se Division of Cor					
0420312		GH CUSTOMS TRUCK AND	CAR CLUB. LLC			
SUBJE	CI:	Name of Lim	ited Liability Company	······································		
		Amendment and fee(s) are sub				
reaser	erum an concespo	Anthony Boyd	to the rolly tring.			
			Name of Person			
		RIDIN' HIGH CUSTOMS	TRUCK AND CAR CLUB, LL	.C		
			Firm/Company			
		P.O. Box 12264				
		Address				
		Tallahassee, FL 32317				
		ambassador3773@gmail.co	City/State and Zip Code m			
		E-mail address: (to be used for future annual report r	iotification)		
For furt	her information c	oncerning this matter, please c	all:			
Anthon	y Boyd		850 888-3319			
	Name o	f Person		time Telephone Number		
Enclose	d is a check for th	ne following amount:				
■ \$25	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres	<u>s:</u>	Street Address:			

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

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

RIDIN' HIGH CUSTOMS TRUCK AND CAR CLUB, 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 Liability Company were filed on $\frac{03/01/2021}{1}$ _____ and assigned This amendment is submitted to amend the following: 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida sn eet address

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.

___, Florida ___

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	Tiana Boyd	2073 Watson Way, Unit B Tallahassee, FL 32308	🗆 Add
			∏ Rетоve
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
	- 11		🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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Note: If t	date, if other than the date of filing:
record sp d is filed.	pecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	February 3. 2022. Schaufe of a member or authorized representative of a member
	Tiana Boyd
	Typed or printed name of signee