

121000253576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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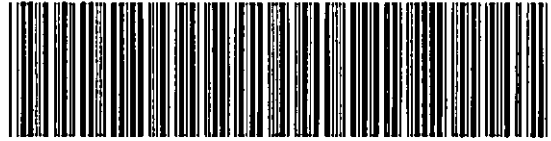
(Business Entity Name)

(Document Number)

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2022 FEB 22 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 2 - 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotshots Express LLC
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:

Brian Bridges
Name of Person

Empire Motor Group
Firm/Company

6135 Salt Springs Road
Address

Port Richey FL 34668
City/State and Zip Code

Tobenitez2009@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Benitez at (407) 280-1742
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 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

FILED

Hotshots Express LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 FEB 22 AM 11:12

The Articles of Organization for this Limited Liability Company were filed on June 1, 2022 and assigned
Florida document number L21000253576.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hotshots Express Trucking LLC

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 ADDRESS)

6135 Salt Springs Road
Port Richey FL 34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as office address
above

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 street address

City 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|-------------------------------|--|
| <u>MGR</u> | <u>Jonathan Beutler</u> | <u>3856 Goose Court</u> | <input type="checkbox"/> Add |
| | | <u>Orlando FL, 32822</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Brian Bridges</u> | <u>6135 Salt Springs Road</u> | <input type="checkbox"/> Add |
| | | <u>Port Kichey FL, 34668</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input checked="" type="checkbox"/> Change |
| <u>MGR</u> | <u>David Wakeen</u> | <u>525 Richards Ave</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Clearwater FL, 33755</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>William Opel</u> | <u>14933 Potterton Circle</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Hudson FL, 34667</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Adding a new members. If only 1 can be the manager,
then that goes to Brian Bridges.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

02/15/2022

Signature of a member or authorized representative of a member

Jonathan Benitez

Typed or printed name of signee