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COVER LETTER

TO:

	egistration Sec vision of Corp				
SUBJECT	HUDSON M	OTOR SALES, LLC		•	
SUBJECT	•	Name of Lim	nited Liabi	lity Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	omitted fo	or filing.	
Please retur	m all correspon	dence concerning this matter	to the fo	llowing:	
		STOJANOVSKI, GOCE			
			Na	ame of Person	
		HUDSON MOTOR SALE	ES LLC		
			Fi	тт/Соправу	
	13132 US HWY 19				
				Address	
		HUDSON FL 3			
		E-mail address:	281	ate and Zip Code (3) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
For further	information con	ncerning this matter, please o	all:		
STOJANO	VSKI, GOCE		a	127 488-419	5
	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	С	dditional copy is enclosed) Certified	e of Status &
				8-5	
Re D: P.	ailing Address: egistration Se ivision of Co O. Box 6327 allahassee, Fl	ection rporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUDSON MOTOR SALES, LLC

(Name of the Limit	ted Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited L. Florida document number L21000264619	iability Company were filed on 06/07/2021	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation	"LLC" or the abbreviation FPL C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	30
Enter new mailing address, if applicable:		8: 5
(Mailing address MAY BE A POST OFFICE	BOX)	·
B. If amending the registered agent and/or agent and/or the new registered office addre		nter the name of the new registered
Name of New Registered Agent:	Tope Drafa, die	15/2°
New Registered Office Address:	Enter Florida street a	nddress address
	City City	, Florida 3465 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>	Address	Type of Action
MGR	STOJANOVSKI, GOCE	13132 US HWY 19	Add
		Hudson Fl 34667	□ Rеточе
			□Add
			CRemove
			Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			□ Add
			□Remove
			☐ Change

Amending Goce from CEO	to MGR		ditional sheets, if ne	
				
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			· · · · · · · · · · · · · · · · · · ·	
	 		·	<u> </u>
				
				
				
				
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blument's effective date on the D	t be specific and cannot be pook does not meet the any	rior to date of filing o	t more than 90 days aft⊯	onal) r filing.) Pursuant to 605.020 s date will not be listed a
cord specifies a delayed effectiv i filed.	e date, but not an effectiv	e time, at 12:01 a.r	n. on the earlier of: (t) The 90th day after the
04/03	2021			
ed	 ,			
ed		4		
ed	Signature of a member of an	uthorized representati	ive of a member	

Filing Fee: \$25.00