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## **COVER LETTER**

TO:	Registration Solution of Co				
SUBJEC	Prestige Transit Carriers LLC				
SOBJEC	··	Name of Lin	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please ro	eturn all correspo	ondence concerning this matter	to the following:		
		Jacqueline Quiroga			
			Name of Person	<del> </del>	
		ZenBusiness INC			
			Firm/Company		
5511 Parkerest Drive STE 103 Address					
			City/State and Zip Code		
		fulfillment@zenbusiness.co			
		E-mail address: (	to be used for future annual report not	ification)	
For furth	ier information o	concerning this matter, please c	all:		
Jacqueline Quiroga c/o ZenBusiness INC		844 493-6249 at ()			
	Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed	I is a check for t	he following amount:			
<b>■ \$2</b> 5.	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 Addre		Street Address: Registration Se	ection	
Division of Corporations		Division of Co			

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Transit Carriers 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 07/26/2021 and assigned Florida document number 1.21000337660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hillbilly Herps 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) 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 street address City

## 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:

<u>Title</u>	Name	<u>Address</u>	Type of Action
	<del></del>	<del></del>	□Add
			□Remove
			□Add
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			Change
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			□Add
		·	□Remove
			Change
			DAdd
			□Remove

\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:  (If an effective date is fisted, 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 May 2nd 2022

/s/ Sheila Olmo

Signature of a member or authorized representative of a member

Sheila Olmo

Typed or printed name of signee

Filing Fee: \$25.00