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## **COVER LETTER**

	Registration S Division of Co			
CIND IEC	Hot Rod E	poxy LLC		
SUBJEC	-1: <u></u>	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Amanda Hacker		
			Name of Person	
		Hot Rod Epoxy LLC		
			Firm/Company	
		1348 Gatewood Ave		
			Address	
		Minneola, FL, 34715		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		hotrodepoxy@gmail.com		
			to be used for future annual report notific	cation)
For furth	er information of	concerning this matter, please c	all:	
Amanda Hacker			407 970-7754 at ( )	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	he following amount:		
□ <b>\$</b> 25.6	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 Addres Registration		<u>Street Address:</u> Registration Sect	ion
	Division of C		Division of Corpo	

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

FILED

2022 JUN 14 AM 11: 37

Hot Rod Epoxy 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  $\frac{01/28/2022}{1}$ and assigned Florida document number 1.22000085507 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 "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 , Florida

## 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.

City

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
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