

L22000128155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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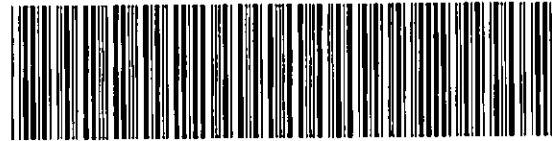
(Business Entity Name)

(Document Number)

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APR - 5 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: High Octane Automotive & Performance, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nichole Turner  
Name of Person

Branford Auto Sales, LLC  
Firm Company

504 US Hwy 27  
Address

Branford, FL 32008  
City/State and Zip Code

Nicholeturner714@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nichole Turner at ( 386 ) 628-7404  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

High Octane Automotive & Performance, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 APR -5 AM 11:17

The Articles of Organization for this Limited Liability Company were filed on 3/14/22 and assigned  
Florida document number L22000128155.

This amendment is submitted to amend the following:

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

Branford Auto Sales, LLC  
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)

504 US Hwy 27 SW  
Branford, FL 32008

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

504 US Hwy 27 SW  
Branford, FL 32008

**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:

Nichole Turner

New Registered Office Address:

1112 SW Old Wire Rd.

Enter Florida street address

Ft. White

City

Florida 32038

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.*

Nichole Turner  
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>
MGR	Nichole Turner	6162 SW Old Wire Rd	<input checked="" type="checkbox"/> Add
		Ft. White, FL 32038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Jacqueline Howard	6162 SW Old Wire Rd	<input type="checkbox"/> Add
		Ft. White, FL 32038	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Ambr	Charles Howard	6162 SW Old Wire Rd	<input type="checkbox"/> Add
		Ft. White, FL 32038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Add EIN : 92-3232891

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 March 30 , 2023

Jacqueline K. Howard  
Signature of a member or authorized representative of a member  
Jacqueline K. Howard  
Typed or printed name of signer