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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
	JUL 2 1 2022	

Office Use Only



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SECRETARY OF STATE

YIS. Z TALLAHASSÉE, FLORIDA

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION***

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	OF	FILE		~
Hurble Auto	S= 185	1/121	а й Г:: ?	
(Name of the Limited Liability Com (A Florida Limite		ears on our records.)		
(A Florida Limite	ed Liability Company) SECRETARY	E STATE	
The Articles of Organization for this Limited Liability Compa	nv were filed on	6/17/19	led DEI	ssigned
Florida document number L 22000281963	ny word mod on .			,5161144
Torida document number 2000-2007 103				
This amendment is submitted to amend the following:				
A. If amonding name autom the name name of the limited li	ability sampany	h		
A. If amending name, enter the new name of the limited li	aumity company	nere:		
The second secon	12: 6	1 2 31 (21) 4	1 11 12 0	
he new name must be distinguishable and contain the words "Limited Lia	ability Company, the	designation "LLC or u	ie abbreviation "I	.ب., الس, ال
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)				
during united by the ATOM OFFICE DOX				
				
3. If amending the registered agent and/or registered offic	a addraec an au-	records anter the	some of the ne	ne magistam
gent and/or the new registered office address here:	e audress on our	records, enter the i	iaine of the ne	w register
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:				
	Enter F	lorida st r eet address		

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 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>	Type of Action
MCR	TAylor Sparling	new part Richer, P1.34	□Add
		new port Richer, P1.34	6 S C C Kemove
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