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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: High St	andards Off-Road LLC		(∳)
	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	-	• •
ricase return an corres	spondence concerning this matter	to the following.	
	Colette Sexton	Name of Person	
	High Standards Off-Road	LLC	
		Firm/Company	
	4505 State Road 206 W		
	-	Address	
	Elkton, FL 32033		
	hs@highstandardsoffroad.	City/State and Zip Code	
	•	to be used for future annual report noti	fication)
For further information	n concerning this matter, please c		,
Colette Sexton		at (904) 540-4413	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio Division of		<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 6		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED

High Slandard	s Off-Road LLC	2022 AUG 26 PM 2: 51
(Name of the Limited	S Off-Road LLC d Liability Company as it now appears on A Florida Limited Liability Company)	SECRETARY OF STA
The Articles of Organization for this Limited Lia Florida document number		st 01, 2022 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		rds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
		Florida
	City	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 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
AMBR	ColeHe Sexton	4505 State Road 206 W, Elkton, FL 32033	= Add
			Remove
			□Change
AMBR Wyatt Sexton	Wyatt Sexton	4505 State Road 206 W EIKton, FL 32033	⊠Add
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If an ef. <u>Note:</u>	ive date, if other than the date of filing:
docum	ent a effective date of the Department of State a feedings.
e recor	d 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 led.
Dated	August 18th. 2002. Colitte Rust
	Signature of a member or authorized representative of a member