L23000016933

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone a	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer.	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

PLATINU	M AUTOMOTIVE AND SUS	SPENSION LLC	
SORTECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel S Kyle Jr		
		Name of Person	
		Firm/Company	
	6137 Hutton Ct		
		Address	
	Fort Myers, FL 33905	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		. ,
		at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ction
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATINUM AUTOMOTIVE AND SUSP	ENSION LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L23000016933	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
HIGHER STANDARD AUTOMOTIVE AND SUSPENS	ION LLC	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	 -	
Frincipal Office dadress SIOST BE A STREET ADD.		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emier Pibriaa Sireei adaress	
	, Florid	
	Cin [,]	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
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the date of effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	does not meet the app	licable statutory filir	opti nore than 90 days after ng requirements, thi	onal) filing.) Pursuant to 60 s date will not be lis	5.0207 ted as
ecord specifies a delayed effective dass filed.	ite, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	er the
	2024				
SEPTEMBER 18	. 2024	·			
ted	Keyle IV nature of a member or au	thorized representative	e of a member		