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(Re	equestor's Name)	
(Ad	idress)	.
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(Cit	ry/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	LOGISTICS COMPANY LLC	·. -		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jason Relyea			
		Name of Person		
	HOT ROD LOGISTICS C	OMPANY LLC		
		Firm/Company	1,	
	4730 sw 57th terrace			
		Address		. :
	Davie, Florida 33314			· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code		
	HOTRODTRUCKINGCO	@outlook.com to be used for future annual report not	ification)	, ;
For further information c	oncerning this matter, please c		meunony	
Jason Relyea		954 558-5378		_
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S Division of C	Section	Street Address: Registration So Division of Co	rporations	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro		10
Tallahassee, FL 32314 2415 N.		2415 N. Monro	be Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 03/22/2023 and assigned
Florida document number L23000144883	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
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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 or agent and/or the new registered office address here:	on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Elovido
Cin	, Florida Zin 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 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>	Name	Address	Type of Action
MGR	Jason Relyea	4730 sw 57th terrace davie fl 33314	= Add
		-	□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			Add
			Remove
			C
			12. □Add
			□Remove
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			□Remove
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			Remove
			□Change

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ffective date, if other than the date of fi an effective date is listed, the date must be specific fote: If the date inserted in this block does n ocument's effective date on the Department	e and cannot be prior to not meet the applica		re than 90 days afte			
e record specifies a delayed effectiv The 90th day after the record is file		an effective ti	me, at 12:01	a.m. on l	the ear	lier (
Jour day arear energed to 15 file						
1		<u>'-</u> ,				
Dated <u>April 3</u>	. 2023		f a member			