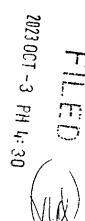
L23000341011

(F	Requestor's Name)
(A	Address)
Ā)	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



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09/11/23--01024--001 **30.00



COVER LETTER

TO:	Registration Division of C		· .	
	Highway	17 Motors, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	_ -
The enc	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corre	spondence concerning this matter	to the following:	
		Stanley M Boring		
			Name of Person	
		Highway 17 Motors LLC		
			Firm/Company	<u> </u>
		429 N Orange Ave		
			Address	
		Green Cove Springs, FL,	32043	
			City/State and Zip Code	
		smboring@outlook.com	to be used for future annual report noti	fication)
For furt	her informatio	n concerning this matter, please c		,
Stanley	· M Boring		678 925-3012 at ()	
	Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check fo	or the following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ssigned
11.0"
'L.L.C."
5
iew register
, n

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
		No Changes	□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			©Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Name and address change only (optional) E. Effective date, if other than the date of filing: ___ (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. September 8th

Signature of a member or authorized representative of a member

Stanley M Boring

Typed or printed name of signee