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(Re	equestor's Name)	
(Ad	(dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

то:	Registration Sec Division of Corp			
6130 102		ARTS, LLC		
SUBJEC	CT:		ited Liability Company	.
The encl	osed Articles of i	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		GERMAN A. HERNAND	EZ	
			Name of Person	
		GERSON PARTS, LLC		
			Firm/Company	
		10424 W STATE ROAD 8	34 BAY # 9	
			Address	
		DAVIE, FLORIDA 33324		
			City/State and Zip Code	
		GERMAN@MILGERLC.C		
			to be used for future annual report notific	ration)
For furth	er information co	oncerning this matter, please ca	all:	
KELLY	J. SUAREZ		954 946-4500 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERSON PARTS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 03/25/2008	and assigned
Florida document number L08000030192		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		8 ×s
		5 85
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		A RP
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		9 3
B. If amending the registered agent and/or register registered agent and/or the new registered office address		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>br removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SONIA CASTRO	10850 FOX GLEN DR	
		BOCA RATON, FL 33428	■ Remove
			☐ Change
MGRM	RICARDO RODRIGUEZ	16500 GOLF CLUB RD # 202	⊟ Add
,		WESTON, FL 33326	□ Remove
			Change
MGRM	GRISELL DELGADO	16500 GOLF CLUB RD # 202	□ Add
		WESTON, FL 33326	
			Change
			Add
			□ Remove
			🗆 Change
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effective date is listed, the date m	e date of filing:	filing or more than 90 days after filing.) P	ursuant to 605,0207
t <u>e:</u> If the date inserted in this l	lock does not meet the applicable statu	tory filing requirements, this date wi	II not be listed as
ument's effective date on the	Department of State's records.		
	d effective date, but not an eff	ective time, at 12:01 a.m. or	the earlier o
he 90th day after the re	cord is filed.		
JUNE 8th ed	2018		
	··		
	4		
	Signature of a member or authorized repr		

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Typed or printed name of signee

Filing Fee: \$25.00