L14000001877

(Re	questor's Name)	
(Ad	dress)	
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JUL 07 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIRST CLASS AUTO SALVAGE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
DAVID ESTEVE2 Name of Person
FIRST CIASS AUTO SALVAGE LLC Firm/Company
1207 NORTH CREST Dr. Address Apopka, Fl 32703 City/State and Zip Code
Apopka, FZ 32703 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
DAVIO ESTEVEZ at (321) 356 - 4622 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

PIKOT CLASO AUTO		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000001837</u> .	were filed on <u>01/06/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MA		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	MB	
		.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing dadress MAT BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off		r the name of the new
registered agent and/or the new registered office address here	:	i s
	1 he	5 S
Name of New Registered Agent:	NL	
New Registered Office Address:	** *	SS CO STREET
	Enter Florida street address	
	, Florida	Co No remain
	City	三五 Cody
New Registered Agent's Signature, if changing Registered Agent:		مت نشاش

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>	<u>Name</u>	Address	Type of Action
MGR	RAFAEL A. MARTINE 2		Add
		ApopKA, FL 32703	Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
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			□ Remove
			Change
			Remove
		·····	Change
<u></u>		•	
			□ Remove
			Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ry.)		
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11016.	ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.) =	t to 605.02 be listed	207 (3)(as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	on the	earlier	of:
Dated	laced of Milloun Vall			
	Signature of a member or authorized representative of a hjember			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00