LZD 000009371

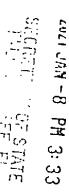
(Requestor's Name)		
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SUBJECT: N-E-Where Parts	Solutions LLC			
Name of I	Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Otis Ale	exander Thannes .Tr Name of Person			
NEE-When	e Parts Solutions LIC. Firm/Company			
4201 E	17th Ave Address			
TAMPA	F1 33617 City/State and Zip Code			
dynastyven E-mail addres	s: (to b) used for future annual report notification)			
For further information concerning this matter, please	e call:			
Ots A Johannes Jr Name of Person	at (813) 504-0330 Area Code Daytime Telephone Number			
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc			
Mailing Address:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

N-E-Where Par	to Solutions LLC
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number \(\bigcup_{\text{DDDDDQ371}} \) This amendment is submitted to amend the following:	Company were filed on <u>January 14 1020</u> at
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviate
Enter new principal offices address, if applicable:	5470 E Buich Blvd
(Principal office address MUST BE A STREET ADD	RESSI Temple Terrace, FL 3:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE SE
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited I company has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u> 1</u>
			
			
	- 	·	SEGULTAN SEGULT
			712
			8 PM STATE
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I need A name change on	my other documents
EIN: 84-4301499	
ETN: 84-4301499 Duns: 12-680-5245	
	SEC
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	· m
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 da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursua statutory filing requirements, this date will no
f the record specifies a delayed effective date, but not an effective time, ecord is filed.	at 12:01 a.m. on the earlier of: (b) The 90th of
Dated Dec 21 2020 . 2020	
Olish	Owner/Manager I representative of a member
O)	I representative of a member J
Offis A Johannes Jr	me of signee