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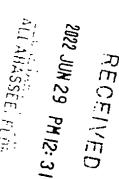
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COVER LETTER

TO:

Registration Section

Division of Corporations AUTO REPUESTO BUCARAL LLC SUBJECT: 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: IRIS BRICENO Name of Person AUTO REPUESTO BUCARAL LLC Firm/Company 18117 BISCAYNE BLVD 3112 Address AVENTURA, FL 33160 City/State and Zip Code ustuempresa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 340-0372 TRIS BRICENO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25 00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO REPUESTO BUCARAL L			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number L22000078133 This amendment is submitted to amend the following the f	iability Company owing:	were filed on 02/1	6/2022 and assisted
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	ignation "LLC" or the abbreviation "L,L,C,"
Futer new principal offices address, if applicable:		19370 COLLINS	AVE 1014
Enter new principal office address MUST BE A STREET ADDRESS) 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 19370 COLLINS AVE SUNNY ISLES BEAC	SUNNY ISLES E	EACH, FL 33160	
	<u>BOX)</u>	19370 COLLINS SUNNY ISLES E	AVE 1014 BEACH, FL 33160
		address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:	JHONNY J TO	RRES QUERALES	
New Registered Office Address:	19370 COLLIN	S AVE 1014	
*		ONNY J TORRES QUERALES 70 COLLINS AVE 1014 Enter Florida street address	
	SUNNY ISLES	ВВЕАСН	Florida 33160
		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 tiled 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.

Johnny Torres
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	IRIS BRICENO	18117 BISCAYNE BLVD, #3112	□ Add
		AVENTURA, FL 33160	= Remove
			Change
AMBR	HEIDER FLOREZ	18117 BISCAYNE BLVD 3112	□Add
		AVENTURA, FL 33160	≣Remove
			☐ Change
AMBR	ALAISNNY ENRIQUE	18117 BISCAYNE BLVD 3112	□Add
		AVENTURA, FL 33160	■Remove
			□ Change
AMBR	MARIA CASTANEDA	18117 BISCAYNE BLVD 3112	□Add
		AVENTURA, FL 33160	■Remove
			☐Change
MGR	JHONNY J TORRES QUERALES	19370 COLLINS AVE 1014	≣Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□ Change

Page 2 of 3

NA				
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	NA			
Effective date, if other than the d If an effective date is listed, the date must b	ate of filing:	o date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0	207 (3
Note: If the date inserted in this bloc	k does not meet the applica	ble statutory filing requir	rements, this date will not be listed	l as th
document's effective date on the Dep	artment of State's records.			
i de la compania de l	effective data but mat	an offertive time a	at 12:01 a.m. on the earlier	- of
he record specifies a delayed of The 90th day after the recor	d is filed.	an enective time, a	RC 12.01 d.m. on the camer	O 1.
Dated	2022			
	Aris Ba	riceno	mber	
2	ignature of a member or autho	rized representative of a me	moci	
IRIS BRICENO			•	
	Typed or printe	d name of signee		