

# G09600

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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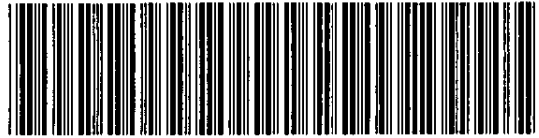
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**DATE: 9/18/15**

**NAME: LKQ CRYSTAL RIVER, INC**

**TYPE OF FILING: AMENDMENT**

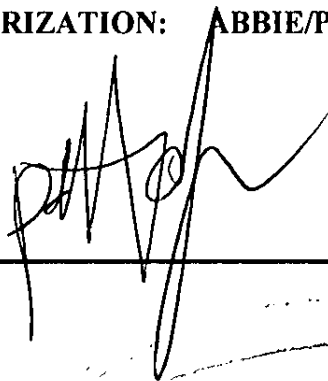
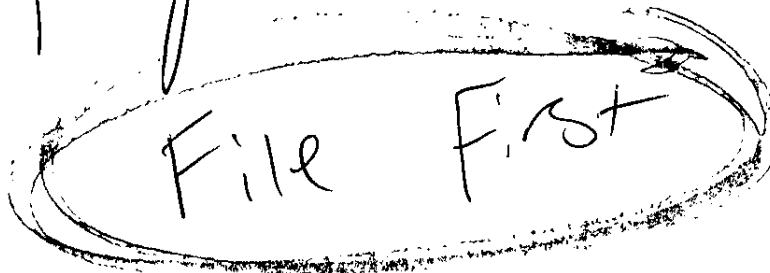
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to read "Paul Hodge", is written over a horizontal line.A handwritten note "File First" is circled in black ink. The circle is drawn with a thick, dark line.

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LKQ Crystal River, Inc.

DOCUMENT NUMBER: G09600

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Probst  
Name of Contact Person  
NSI  
Firm/ Company  
145 Baker St  
Address  
Marion Ohio 43302  
City/ State and Zip Code  
Kakloc@LKQCorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew McKay at (312) 6212713  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
DIVISION OF COLLECTIONS

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(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**500 W. Madison Street, Suite 2800**

Chicago, IL 60661

500 W. Madison Street, Suite 2800

Chicago, IL 60661

Name of New Registered Agent NRAI Services, Inc.

(Florida street address)

New Registered Office Address: 1200 South Pine Island Road, Plantation, Florida 33324  
(City) (Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

*Quinn* Asst. Secretary  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe  
  
☒ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	PD	Chad Damron	4950 W. Highway 486 Crystal River, FL 34423
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PD	Robert Wagman	500 W. Madison Street Suite 2800 Chicago, IL 60661
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CFOD	Dominick Zarcone	500 W. Madison Street Suite 2800 Chicago, IL 60661
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Victor Casini	500 W. Madison Street Suite 2800 Chicago, IL 60661
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Walter Hanley	500 W. Madison Street Suite 2800 Chicago, IL 60661
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	Matthew McKay	500 W. Madison Street Suite 2800 Chicago, IL 60661

Type of Action		Name	Address
7) ADD	VT	Michael Clark	500 W. Madison Street Suite 2800 Chicago, IL 60661
8) ADD	V	Harold Hooks	500 W. Madison Street Suite 2800 Chicago, IL 60661
9) DELETE	VTs	Steve Tatoul	4950 W. Highway 486 Crystal River, FL 34423
10) ADD	V	Steve Tatoul	4950 W. Highway 486 Crystal River, FL 34423

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

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DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

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Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

September 16, 2015  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

*Matthew McKay*

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Matthew McKay

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)