

LO2000034902

(Requestor's Name)

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(City/State/Zip/Phone #)

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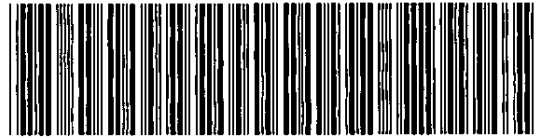
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DATE: 9/18/15

NAME: LKQ Auto parts of Orlando, LLC

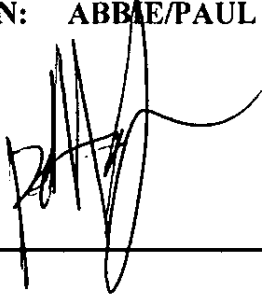
TYPE OF FILING: AMENDMENT

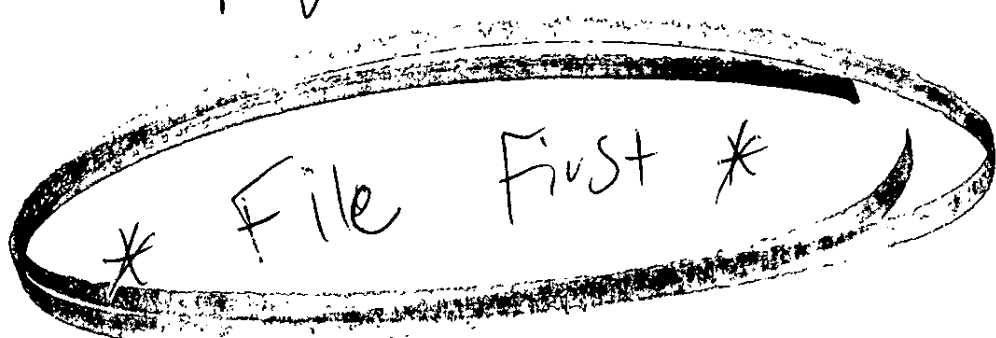
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* File First *

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LKQ Auto Parts of Orlando, 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:

Jill Probst

Name of Person

NSI

Firm/Company

145 Baker St

Address

Marion Ohio 43302

City/State and Zip Code

Kaklax@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 Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

LKQ Auto Parts of Orlando, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/26/2002 and assigned
Florida document number L02000034902.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LKQ Pick Your Part Southeast, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

500 W. Madison Street

Suite 2800

Chicago, IL 60661

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 W. Madison Street

Suite 2800

Chicago, IL 60661

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NRAI Services, Inc.

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

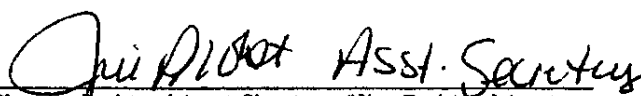
Florida 33324

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.


Chris R. D. Asst. Secretary
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LKQ Southeast, Inc.	500 W. Madison Street, Ste. 2800	<input checked="" type="checkbox"/> Add
		Chicago, IL 60661	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Wagman	500 W. Madison Street, Ste. 2800	<input checked="" type="checkbox"/> Add
		Chicago, IL 60661	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dominick Zarcone	500 W. Madison Street, Ste. 2800	<input checked="" type="checkbox"/> Add
		Chicago, IL 60661	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Harold Hooks	500 W. Madison Street, Ste. 2800	<input checked="" type="checkbox"/> Add
		Chicago, IL 60661	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steve Tatoul	4950 West Highway 486	<input checked="" type="checkbox"/> Add
		Crystal River, FL 34423	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Chad Damron	4950 West Highway 486	<input type="checkbox"/> Add
		Crystal River, FL 34423	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

Title	Name	Address	Action
MGR	Matthew McKay	500 W. Madison Street, Suite 2800 Chicago, IL 60661	Add

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 16 2015

Math McK.

7 Signature of a member or authorized representative of a member

Matthew McKay

Typed or printed name of signee

2015 SEP 18 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7-10-10