LU500084776

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JUL - 5 2011

EXAMINER



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07/01/11--01030--006 **25.00

DIVISION OF CORPORATIONS

11 JUL -1 AH 8: 26

, COVER LETTER

TO: Registration S Division of Co			<u>.</u>
SUBJECT:	THE PART C	Sur LLC Liability Company	THE BY STATIONS AND OF CORP. OF 26 AND OF CORP. OF 26
	of Amendment and fee(s) are su	·	RESTATION OF PARTY OF
Please return all corresp	oondence concerning this matte	r to the following:	
	TIMOT	HY CORDILEONE Name of Person	
		Firm Company	
	505	W. 131 ST AVE	
		FL 33612 City State and Zip Code	
		to be used for future annual report notificat	
For further information	concerning this matter, please	call;	
Name	CORDILEDNE	at (813) 376-04 Area Code & Daytime T	+31 elephone 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)
MAII	LING ADDRESS:	STREET/COURIER	ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PART GUY LLC 1
(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 8/24/2005 and assigned Florida document number 105000084776
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with 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)
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 on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City 7in 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 608, 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

Page 1 of 2

<u> Title</u>	<u>Name</u>	Address	Type of Action
GRM	THOMAS CORDILEONE	17014 PAULA LANE LUTZ, FLORIDA 33558	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amendi	ing any other information, enter change(s)	here: (Attach additional sheets, if necessary.	,
			- -
nted	TUNE 30 201	<u> </u>	
		nuthorized representative of a member	

· *If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

or Managing Member being added or removed from our records:

Page 2 of 2

Filing Fee: \$25.00