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SECRETARY OF STATE STATE OF COMPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: traffic Entertainment 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:
Darwin Sanchet
Name of Person
Heavy Machinery Parts LLC
Firm/Company
5505 PW 7 street Apt W408
Address
City/State and Zip Code Neavanachina and \$ 38 Comail. com E-mail address: (10 the used for future annual report notification)
City/State and Zip Code
heavenachinera Darts 38 C 6 mail. com
For further information concerning this matter, please call:
Darwin Sanchez at 786, 2627951
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

traffic Entert	ainment LLC
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LOGOOCO80634</u> .	any were filed on OB/16/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Parts LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4505 NW 7 street 408 Minni, Fl. 33126
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5605 HW 7 street Apt W40 Minni, Fl, 33126
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 55	Jarwin Sanchez 505 NW 7 street Apt W408 Enter Florida street address
	7797, Florida 3126 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.

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	Darwin Sanchez	Address 5505 NW 7 street Dotu In Toroni, Fl, 33126	[40B _ ②Add
·			□ Remove
			□Change
			🗆 Add
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			🗆 Add
			□ Remove
			Change
			🗆 Add
			□Remove
			□Change

ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: 1f	e date, if other than the date of filing:
ne record ord is filed	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 d.
Dated _	09/26/2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee