## 00/23328

(Requestor's Name)
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PICK-UP WAIT MAIL
(Duninger Fulfity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	372	1 - 13, LLC			
		ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		Oliver Huttner			
		Name of Person			
•					
		Firm/Company			
	P.O. Box 101718				
		Address		2009 SEC	
	Cape Coral, FL 33910-1718			2009 JUL - SECRETAF ALLAHAS:	-
	City/State and Zip Code			ഗ~ ഹ	Ē
	F. mail address: (	tc.florida@gmail.com to be used for future annual report no	stification)	Y OF	
For further information	concerning this matter, please of	•	uncanon)	3: 29 STATE LORIDA	
	, γ			15A	
	Dliver Huttner	at ( 239 )	645-4208	<del></del>	
Name	of Person	Area Code & Dayt	ime 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)	sed) Certified	te of Status &	
	LING ADDRESS: stration Section	STREET/COU Registration Sec	RIER 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

3721 - 1					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on clability Company)	our records.			
The Articles of Organization for this Limited Liability Company	were filed on1	2/12/2007	_ and assign	ned	
Florida document numberL07000123328					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
BAS - Best Automot	ive Supplier, LLC				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," t	he designation "HC	or the abb	reviation	
Enter new principal offices address, if applicable:	3721 SE 13th Ave	) AH			
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 3	3914 5			
Enter new mailing address, if applicable:	1221 SW 10th Te	FLORID	4 3: 29	0	
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33991				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		ecords, enter the	name of	the new	
	Enter Florida street address				
All of the state o		, Florida	g. o. :		
	City	2	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 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

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:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
		ALLAHASS	Remove
		EE, FLORIDA	Add Remove
			AddRemove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	2.)
Dated	Circum, of a manha	Thums.	
	Wolfga	or authorized representative of a member ang Hoehne - MGRM	
	Typed	or printed name of signee	=

Page 2 of 2

Filing Fee: \$25.00