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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

APR - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: SIX ACES PARTS SALES & SERVICES 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:

(Name of Person)			
(Firm/Company)			
E DRIVE			
(Address)			
a 32835			
(City/State and Zip Code)			
ase call:			
at (407) 5755139			
(Area Code & Daytime Telephone Number)			
Ξ.			

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

□\$30.00 Filing Fee &

Certificate of Status

☑ \$25.00 Filing Fee

P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2009 APR -3 PM 1: 03

SECRETARY OF STATE TALLAHASSEE. FLORIDA

SIX ACES PARTS SALES & SERVICES 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 Compan	y were filed on March 20, 2009	and assigned		
Florida document number L09000028438				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
SIX ACES PARTS & SALES LLC.				
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the design	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	2875 Wekiwa Drive.			
(Principal office address MUST BE A STREET ADDRESS)	popka , FL.32703			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida st	reet address)		
	······································	, Florida		
	(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 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	····•		Add
			Remove
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). If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	ary.)
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Dated	1arch 31, 200	10 .	R-3 PI
	Signature of a member	r or authorized representative of a member	
	SOLOMON CAMPBELL		图 3
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00