Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

: (727)442-1200

Phone

Fax Number

: (727)443-5829

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LOETSCHER AUTO PARTS, L.L.C.

| Certificate of Status | 0 |
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T. CLINE

JUN 23 2009

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

Fax Audit # 4090001483453

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Now Registered Agent's Signature if changing Registered Agent: | City | | Zip Code | |
|--|---|------------------------------|------------------|-----|
| | | , Florida | 741 22 1 | |
| Town Togasteled Office Addiess | En | ter Florida street addre | 255 | |
| New Registered Office Address: | | | | |
| Name of New Registered Agent: | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | our records, <u>enter th</u> | e name of the ne | ñ. |
| D. If amounting the assistance equations and our projections of | Neo address on | ann pagarda antar th | DIE F | |
| | | | SAT D | |
| (Mailing address MAY BE A POST OFFICE BOX) | *************************************** | <u></u> | 700 | 2 |
| Enter new mailing address, if applicable: | | | 22 I | Ţ., |
| (Principal office address MUST BE A STREET ADDRESS) | Flant City, Ft | _ 33303 | APP U | |
| Enter new principal offices address, if applicable: | 4306 Highwa Plant City, Ft | | Fee 29 | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | | | | n |
| | | | | |
| A. If amending name, enter the new name of the limited liab | rility company ho | rat | | |
| This amendment is submitted to amend the following: | | | | |
| Florida document number L09000057420 | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | June 12, 2009 | and assigned | |
| (A Florida Limited t | Clability Company) | | | |
| (Name of the Limited Liability Compa (A Florida Limited U | ny as it now appea | rs on our records.) | | |
| LOETSCHER AUT | TO PARTS 📙 | L.C. | | |

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

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 = M MGRM = | anager Managing Member | | |
|-------------------|-----------------------------------|---|---------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Remove |
| | | | Add Remove |
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| | · | | ⊐TLAdd⊇ |
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| | | | HASSAND STREET |
| | | | FLS 8 |
| | | | S S S S S S S S S S S S S S S S S S S |
| D. Ifamen | ding any other information, enter | change(s) here: (Attach additional sheets, if ne | cessary.) |
| | | | |
| | | | |
| _ | | | · |
| | | | |
| Dated | June 22 | 2009 1 | |
| | Clar | member or authorized representative of a member | |
| | | | • |
| | Alan S. G | assman, Authorized Representative Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00