L09000057420

| BRANDON | | | |
|---|--|--|--|
| MUTO SALVAGE. INC. 1159 Highway 60 E. • Vairico, Fiorida • 33594 | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (During Fath Name) | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| [| | | |
| Special Instructions to Filing Officer: | | | |
| A. LUNT | | | |
| MAR 24 2010 | | | |
| EXAMINER | | | |

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SÉCRETARY OF STATE TALLAHASSEE, FLORIDA

DRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LOETS | CHER AUTO PARTS, I | L.L.C. | |
|--|--|---------------------------|---------------------------------------|
| (<u>Name of the Limited </u> (A | Liability Company as it now apper Florida Limited Liability Company | ars on our records.) | |
| , | | | |
| The Articles of Organization for this Limited Lia | | June 12, 2009 | and assigned |
| Florida document numberL090000574 | 420 | • | |
| · | | • | • |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | , the limited liability company h | are: | |
| A. If amending name, enter the new name or | the minited habitely company in | <u> </u> | |
| The new name must be distinguishable and end with | the words "Limited Liability Com | nany" the designation "LL | C" or the abbreviation |
| "L.L.C." | i die words Emilieu Emonity Com | D. | |
| Enter new principal offices address, if applica | hle: | | |
| (Principal office address MUST BE A STREET | · |] | 2010 HAR |
| The state of the s | | SS | |
| | | Lu c | 3 11 |
| Enter new mailing address, if applicable: | • | · ਜੁ. | 3 23 D |
| (Mailing address MAY BE A POST OFFICE E | | | - 63 |
| Insuming warress intil DE 111 OUT OF 111 OUE | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/o | | our records, enter the | e name of the new |
| registered agent and/or the new registered off | ice address here: | | |
| | | • | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | · |
| New Registered Office Address: | | | · |
| • | Enter Florida street 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 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 = Manager

MGRM = Managing Member

Type of Action **Title** Name Address DAVID DICKSON RIZZO MGR 11229 Browning Road Remove Lithia, FL 33547 ☐ Remove ☐ Add Remove Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00