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B. BOSTICK

OCT - 5 2012

EXAMINER

COVER LETTER

	Division of Corporations				•		
SUBJEC	т:	PRESTIGE A	AUTO PART	ΓS. LLC			
SUBJEC			ited Liability Comp				
	osed Articles of Amendmen		_				
riease iei	turn all correspondence cor	icerning this matter	to the following.				
	JUAN SANTAELLA						
			Name of Pers	son			
	PASAN INVESTMENT, INC						
	Firm/Company						
	2310 W WATERS AV STE D Address						
		Τ.	ANADA EL 226	04 2757		T .	
		1/	AMPA, FL 336 City/State and Zip			Y.II	30 S
		INFO@ E-mail address: (PASAN-SER	VICES.COM annual report notifica	ation)	Ĥô	<u>ာ</u> သီ ႏ်
For furth	er information concerning			•	,	ALLK, ASSEL TEURIO	12 OCT -3 5411: 02
	JUAN SANTA	VELLA	012	0	49-2878		***
	Name of Person	IELLA	at (813 Ar	ea Code & Daytime			:5
	is a check for the followin	_				_	
[√]\$25.0		0 Filing Fee & tificate of Status			\$60.00 Fili Certificat Certified (additiona	e of Statu: Copy	s & enclosed)
	MAH ING ABB	necc.	C)	TDEET/OOUDIE	B ADDDECC.		
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER ADDRESS: Registration Section Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314			C 20	lifton Building 661 Executive Cent allahassee, FL 3230	er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRI	ESTIGE AUT	O PARTS, LL	.C				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.)				
The Articles of Organization for this Limited l	were filed on	FLORIDA	aı	gned			
Florida document numberL1000008							
This amendment is submitted to amend the following	llowing:						
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :				
	N/A	\					
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation	"LLC" o	r the ab	breviation	
Enter new principal offices address, if appli	N/A						
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>						
							
Enter new mailing address, if applicable:		10021 WATE	R WORKS LN				
(Mailing address MAY BE A POST OFFICE BOX)		RIVERVIEW, FL 33578					
				<u>ال</u> :	12	_	
B. If amending the registered agent and	I/or registered of	fice address on o	our records, enter	r the na	3	the new	
registered agent and/or the new registered			<u> </u>	(*) * (*) *	ယ်		
				<u>.</u>		1	
Name of New Registered Agent:	N/A					.5 . , % , ,,	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		ter Florida street a	ddress	:3		
		Lin	ici i iviida sii eei a	uui ess		•	
		City	, Florida _		Code		
		1 (11)		/17	1 / / / / / / /		

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

<u>Title</u> <u>Name</u> **Address Type of Action** N/A N/A N/A ☐ Add Remove ☐ Add Remove Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated JUNE 27 2012 Signature of a member or authorized representative of JUAN SANTAÉLLA Typed or printed name of signee

Page 2 of 2

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