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(F	Requestor's Name)	
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COVER LETTER

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	Registration So Division of Co		•	•
		JSED AUTO PARTS, LLC		·
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
			JESUS M. JUAN	
			Name of Person	
		p	ERSONAL ACCOUNTING	
			Firm/Company	
			2871 SW 137 COURT	
			Address	
			MIAMI, FL 33175	
			City/State and Zip Code	
			accounting@letimar.com	
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	otification)
	JESUS !	M. JUAN	305 786-348-4 at ()	914
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Addres		Street Address:	action
	Registration S Division of C		Registration S Division of Co	
P	O. Box 632	7	The Centre of	Tallahassee
T	allahassee. I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020 -9 14 7.52

	PLUS USED AUTO PARTS, LL		
(Name of the Limited L. (A.F.	iability Company as it now appear forida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	02/17/2011	and assigned
Florida document numberL11000021405			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	::		
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
3. If amending the registered agent and/or regist	tered office address on our re	ecords, <u>enter the</u> na	me of the new reg
3. If amending the registered agent and/or regist	tered office address on our re	ecords, <u>enter the</u> na	me of the new reg
3. If amending the registered agent and/or regist	tered office address on our re	ecords, <u>enter the na</u>	me of the new reg
3. If amending the registered agent and/or regist gent and/or the new registered office address he	tered office address on our re ere:		me of the new reg
3. If amending the registered agent and/or registered agent and/or the new registered office address he Name of New Registered Agent:	tered office address on our reere:	ecords, <u>enter the nat</u>	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LISSET FERNANDEZ	4260 EAST 2ND. AVENUE, HIALEAH, FL 33013	□Add
			=Remove
			□Change
AMBR LISSET DE LA CARIDAD FER	LISSET DE LA CARIDAD FERN ANDEZ	4260 EAST 2ND. AVENUE, HIALEAH, FL 33013	=Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□ Change

	
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<u>iote:</u> If	date, if other than the date of filing:
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	APRIL 6TH 2020
	Mythat
	Signature of a memberles distillurized representative of a member
	Signature of a member of a member JESUS M. JUAN

. . .

Filing Fee: \$25.00