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(Re	questor's Name)	
(Add	dress)	
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COVER LETTER

SUBJECT:	PEAGAUS PARTS DISTR	IBUTORS	
Sobsect.	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RACHEL FLEISCHER		
		Name of Person	
	PEGASUS PARTS DISTR	RIBUTORS	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	4010 SW 30TH AVE		
		Address	
	FORT LAUDERDALE, FI	LORIDA 33312	
	R.FLEISCHER@DYNAMI	City/State and Zip Code	
	-	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ill:	
RACHEL FLEISCHER		954 237-2538 at ()	
Name of	Person		Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEGASUS PARTS DISTRIBUTORS LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10-5-2011	and assigned
Florida document number L11000114421		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <u>-</u> -	
(Principal office address MUST BE A STREET ADDRESS)		
		NOV T
		-9 II
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		చ
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, <u>e</u> :	nter the name of the
New Registered Office Address:	Enter Florida street address	
	171	
	, Florid	aZip 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 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>	Address	Type of Action
MGR	ORION SUPPLIES		-
			
			■ Remove
		····	Change
MGR KENNETH BULHACK	KENNETH BULHACK	4010 SW 30TH AVE FORT LAUDERDALE, FL 33312	B ∧dd
			□ Remove
			Change
			∆dd
			Remove
			Change
			Remove
			Change
			Remove
		<u></u>	Change
			Add
			□ Remove
			Change

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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	NOVEMBER 6 2018 Signature of a member of authorized representative of a member
	KENNETH BULHACK

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00