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J. BRYAN

NOV -1 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AUTO PARTS ASAP LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	m2
LISA CARVER Name of Person	FILED MII: 28
AUTO PARTS ASAP LLC Firm/Company	
9225 ULMERTON RD STE 406 Address	28 ORIOA
LARGO/FL 33771  City/State and Zip Code  SEAN ANTO PARTS ASA?. Com  E-mail address: (to be used for future annual report notification)	
SEAN A A TO PARTS ASAP. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
San Rithman at 941 773-7-58  Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee \$\text{Certified Copy}\$\$ \$10.00 Filing Fee \$Certified	f Status &

MAILING ADDRESS:

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

(Name of the Limited Lightlity	ASAP CLC	on our records )
(A Florida	y Company as it now appears ( Limited Liability Company)	M Val records,
The Articles of Organization for this Limited Liability C	Company were filed on FEB	22, 2012 and assigned
Florida document number L1200002534	<u>L</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		70 9
(Principal office address MUST BE A STREET ADDI	RESS)	FEG 9
Enter new mailing address, if applicable:		是是
(Mailing address MAY BE A POST OFFICE BOX)		28
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	· Florida street address
	Cin	, Florida Zip Code
	City	Zip Coae

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> **Address** Type of Action <u>Name</u> 307 BELLAVIDA BLYD MGRM DRLANDO, FL 32828 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00