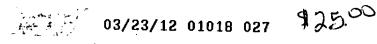
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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B. BOSTICK MAR 2 6 2012 EVAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | |
|---------------------------------------|---|---|--------------------------|--|
| SUBJECT: | AIM USED | AUTO PARTS LLC | | |
| 3000201. | | ited Liability Company | • | |
| The enclosed Articles o | f Amendment and fec(s) are sui | bmitted for filing. | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | |
| | | ALEXANDRIA AYRES Name of Person | | |
| | | • | | |
| • | AIM (| USED AUTO PARTS L Firm/Company | LC | |
| | | P.O. BOX 1430 | • | |
| | | Address | | |
| | R | RIVERVIEW, FL 33568 City/State and Zip Code | | .121 SEC TALL |
| | MYUSE | DAUTOPARTS@gmai | l.com | HAR 23 2 HAR 23 EURLIARN LLAHASSI |
| For further information | concerning this matter, please | | | [1]—. |
| · · · · · · · · · · · · · · · · · · · | exandria Ayres | at (813) | 317-8813 | AM II: 55 OF STATE E. FLORID |
| Name | of Person | Area Code & L | Daytime Telephone Number | , A |
| Enclosed is a check for | the following amount: | | | · |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end). | closed) Certified | ite of Status & |
| Regis | LING ADDRESS: tration Section ion of Corporations | STREET/CO Registration Division of C | | |
| P.O. 1 | Box 6327 hassee, FL 32314 | Clifton Build | | |

Tallahassee, FL 32301

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

| AIM USED AUTO PARTS LLC | | | | |
|--|------------------------------|--|--|--|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Company were filed on 3/13/2012 and assigned | d | | | |
| Florida document numberL12000035466 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreve" L.L.C." | viation | | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| S2 2 | <u>]</u> | | | |
| Enter new mailing address, if applicable: | - I | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | , | | | |
| RIDA | — | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: | e new | | | |
| Name of New Registered Agent: AYRES, ALEXANDRIA | | | | |
| New Registered Office Address: | | | | |
| Enter Florida street address | Enter Florida street address | | | |
| | | | | |
| 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

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 |
|--------------|---|--|---------------------------------|
| MGR | AYRES, ALEX | 10901 US HIGHWAY 41 GIBSONTON, FL 33534 | Add Remove |
| MGR | AYRES, ALEXANDRIA | 10901 US HIGHWAY 41 GIBSONTON, FL 33534 | ✓ Add ☐ Remove |
| | | | Domouo |
| | <u>.</u> | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| D. If aı | mending any other information, enter | change(s) here: (Attach additional sheets, if no | ecessary.) |
| | The purpose of this amendmen | nt is to change both the registered agen | nt's and |
| | the manager's name from "Alex All other information should sta | | FILL HAR 23 SHURE LAR FALLAHASS |
| Dated _ | March 16 | 2012 . | AHII: 55 |
| | | llex Auria | ≫ 3' |
| | Signature of a | member or authorized representative of a member | |
| | | Alexandria Ayres Typed or printed name of signee | |
| | | •• | |

Page 2 of 2

Filing Fee: \$25.00