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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone

: (561)544-8862

: (954)697-0130 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SALES @ ELOGITERPRISES. US

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRT PARTS AND TOOLS LLC

والمنافظة والمساورة والمنافية والمنافية والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة	
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ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION * OF

PRT PARTS AND TOOLS LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our r mited Liability Company)	ecords,)
The Articles of Organization for this Limited Liability Co	mpany were filed on 02/27/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	;
N/A		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	202 Se
Principal office address MUST BE A STREET ADDRES	SS)	>C
		>7 89
		7 P
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		-
If amending the registered agent and/or registered o	ffice address on our records, g	nter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street	address
ı		721
	City	, Florida <u>Zip Code</u>

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 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

Title	Name	Address	Type of Action
AMBR	PAULO ANTONIO DE FARIA R	20360 COZUMEL CT	□Add
		Boca Raton, FL 33431	≣Remove
			□Change
AMBR	CARLA P S PERRIM TAMIETTI	20360 COZUMEL CT	= Add
		Boca Raton, FL 33498	□Remove
			2020 Change
			□ Add
			Remove
		r i	Change
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			□Change

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N/A	
	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fill	ing or more than 90 days after filing.) Pursuant to 605.6
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	y Innig requirements, and take will not be instead
·	į.
ord specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day after th
filed.	·
edFebruary 8th	
<u> </u>	
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Signature of a member or authorized represe	entative of a member