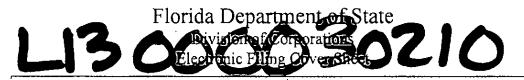
9/22/22, 4:23 PM

Division of Corporations



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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 Fax Number : (954)697-0130

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@eloenterprises.us

SECRETARY OF STATE

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

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SEP 26 202

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

PRT PARTS AND TOOLS LLC			
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L13000030210	were filed on 02/27/2013 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	501 Alamanda Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Schastian, FL 32958		
Euter new mailing address, if applicable:	501 Alamanda Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Schastian, FL 32958		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip 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.

09/22/2022: 17:00 (FAX) P.003/004

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	PAULO P TAMIETTI	501 Alamanda Ave	
		Sebastian, FL 32958	□Remove
			≡ Change
MGR	CARLA P S PERRIM TAMIETTI	501 Alamanda Ave	□ Add
		Sebastian, FL 32958	□Remove
			■ Change
			□Add
			ПRетлоче
			☐ Change
<u> </u>			CJAdd
			□Remove
			□ Change
			□Remove
			☐Add
			□ Петоче
			□Change

N/A			
			
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			· · ·
			
			
			
		<u> </u>	
			<u> </u>
fective date, if other than the date of filin	ng:	(optional)	•
fective date, if other than the date of filin an effective date is listed, the date must be specific and ote: If the date inserted in this block does not a becoment's effective date on the Department of S	meet the applicable statuto	ing or more than 90 days after filing ry filing requirements, this date	.) Pursuant to 605.020 will not be listed a
record specifies a delayed effective date, but not is filed.	it an effective time, at 12:0	l a.m. on the earlier of: (b) TI	ne 90th day after the
SEP/22	2022		
Signature of a	member or authorized repres	entative of a member	

Typed or printed name of signee