Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations	•		
Fax Number : (850)61	1 7- 6383	•	2Ь
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Account Name : LAZARUS	CORPORATE STLING SERVICE	E TMC	•
Account Number : 1200000	188819	*) AIN.	\dot{C}
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mual report mailings. Er	his business entity to be ater only one email addre	: used for futur ss please,**	'e
-	Fax Number : (850)63 Account Name : LAZARUS Account Number : 1200000 Phone : (305)55 Fax Number : (305)67	Fax Number : (850)617-6383 Account Name : LAZARUS CORPORATE FILING SERVICE Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 The email address for this business entity to be annual report mailings. Enter only one email address	Fax Number : (850)617-6383 Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 The email address for this business entity to be used for futurenual report mailings. Enter only one email address please.**

(D)

INTERAMERICAN AUTO PARTS DISTRIBUTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Firon & company cpa, pa

305 381 5891

10/28/2018 12:23

#388 P.002/007

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTER	AMERICAN AUTO PARTS DISTR	IBUTORS, LLC
(Name of the L	mited Liability Company as it now any (A Florida Linuted Liability Company	peace on our records.) y)
The Articles of Organization for this Limited Florida document number L13000046032		
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain		<u> </u>
Enter new principal offices address, if app	licable:	, <u>, , , , , , , , , , , , , , , , , , </u>
(Principal office address MUST BE A STR	EET ADDRESS)	22
		· · · · · · · · · · · · · · · · · · ·
Enter new malling address, if applicable:		
(Malling address MAY BE A POST OFFIC	E BOX)	
		
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address (office address here:	on our records, enter the name of the new
Name of New Registered Agent:	JOSE A. MARQUEZ	
New Registered Office Address:	3400 NW 151 TERRACE	
	Enter Fl	orida sireei address
	OPA LOCKA	Florida 33054
	City	Zip Code

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, Signa ure gistered Agent

Page 1 of 3

From: jiron & company cpa, pa

305 381 5891

10/26/2018 12:23

#388 P.003/007

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> MGR	<u>Name</u> NEYBO CAMERO	Address 2:335 SW 198 AVE	Type of Action
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From:jiron & company cpa, pa	305 381 5891	10/26/2018 12:23	#388	P.004/	007
D. If amending any other information, en	nter change(s) here: (Attack	additional sheets, if necessary)			
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E. Effective date, if other than the date of fil (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not		(optional) ger more than 90 days after filing.) Pursuan filing requirements this date will not	t to 605.02	107 (3)(ъ)	
If the record specifies a delayed effective (b) The 90th day after the record is file	e date, but not an effecti d.	ve time, at 12:01 a.m. on the	earlier	of:	
Dated OCTOBER 23	- 2018	\mathcal{O}			
Signature of	a member or authorized represent	ativa of a szeriber	_		
JOSE A. MAI	ROUEZ.	•			

Page 3 of 3

Filing Fee: \$25.00