L13000141057

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	Registration Sec Division of Corp			
SUBJEC	Tampa Bay	Salvage Parts, LLC		
002020		Name of Limi	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		Bret Galbraith		
			Name of Person	
		Fresh Legal Perspective, P	L	
		 	Firm/Company	
		3802 Ehrlich Road, Suite 3	908-	
			Address	N 1
		Tampa, FL 33624		
	:		City/State and Zip Code	
	•	contact@bltfl.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For furth	er information co	ncerning this matter, please ca	all:	
Bret Gal	lbraith		813 448-1042	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Tampa Bay Salvage Parts, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L13000141057	were filed on October 7, 2013	and assigned
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		HOV
Enter new mailing address, if applicable:		1 (以) (3 (水) (2 (大)
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
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			—————————————————————————————————————

☐ Remove

☐ Change

Articles of Organization from:					
"SELLING SALVAGE AUTO	AND MOTORCY	CLE PARTS"			
to					
"ANY AND ALL LAWFUL I	BUSINESS"				
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record specifies a delayed The 90th day after the reco		ut not an effect	tive time, at 12:0	1 a.m. on the earlie	er (
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led October 2	ando L	or authorized represer	ntative of a member		

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Filing Fee: \$25.00