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SECRETARY OF STATE

JUN 1 5 2016 S. YOUNG

### **COVER LETTER**

Div	ision of Corpo	orations			
SUBJECT:	CTD PARTS,	LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		VLADIMIR MERINO			
		Mach	Name of Person  W  Firm/Company	2	
		5943 SW 21ST STREET			
			Address		1
		WEST PARK, FL 33023			SECRETARY C
			City/State and Zip Code		
		SALES@CTDPARTS.COM	M to be used for future annual report notifi-		23 SECTION 1
			·	cation	B PH 4: 24
For further in	nformation con	cerning this matter, please ca	all:		F. SE
VLADIMIR	MERINO		at ()(754)234 5733		<b>일</b>
	Name of P	'erson	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fer Certificate of St Certified Copy (additional copy is of	atus &

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Comparing Florida document number L14000042270	any were filed on 03/13/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	<b>16</b> FG
Enter new mailing address, if applicable:		13 SSE T. T. ST. T. T. ST. T. T. ST. T. T
(Mailing address MAY BE A POST OFFICE BOX)		4: 05:5 E
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

CTD DADTE IIC

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS M MARRERO	5943 SW 21ST STREET	<b>■</b> Add
		WEST PARK, FL 33023	☐ Remove
			☐ Change
			Add
			☐ Remove
		<del> </del>	D.Ghange
			- Add RYO
		**************************************	□ Remove
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tive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or more that	
If the date inserted in this block does not meet the applicable statutory filing requment's effective date on the Department of State's records.	urements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, e 90th day after the record is filed.	at 12:01 a.m. on the earlier
APRIL 15  APRIL 15  Muto  Signature of a member or authorized representative of a n	
1 // .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00