

L14000060751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

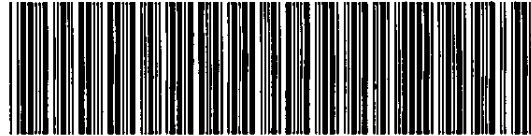
(Business Entity Name)

(Document Number)

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Y SULKER

LAW OFFICES
BARRETT, CHAPMAN & RUTA
PROFESSIONAL ASSOCIATION

Richard Lee Barrett*
Victor L. Chapman**
R. Steven Ruta

*Also Florida Supreme Court Mediator

**Also Admitted in Georgia

18 WALL STREET
ORLANDO, FLORIDA 32801

POST OFFICE BOX 3826
Orlando, Florida 32802-3826

TELEPHONE (407) 839-6227
FACSIMILE (407) 648-1190

September 4, 2015

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization

Dear Sir/Madam:

Please find enclosed on behalf of Parts Recon Services, LLC and Salvage Innovations, LLC, Articles of Amendment to Articles of Organization for Parts Recon Services, LLC and Salvage Innovations, LLC. Also enclosed are our clients' checks, each in the amount of \$30.00, which covers the costs of filing the Articles of Amendment.

Please do not hesitate to contact me with questions or comments at (407) 839-6227.

Very truly yours,



James Dozier, Paralegal

RLB/jd
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALVAGE INNOVATIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD LEE BARRETT

Name of Person

BARRETT, CHAPMAN & RUTA, PA

Firm/Company

18 WALL STREET, 2ND FLOOR

Address

ORLANDO, FL 32801

City/State and Zip Code

james@bcrlaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD LEE BARRETT

Name of Person

at (407) 839-6227

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

SALVAGE INNOVATIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 14, 2014 and assigned Florida document number L14000060751.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

1970 CORPORATE SQUARE, SUITE B

(Principal office address MUST BE A STREET ADDRESS)

LONGWOOD, FL 32750

Enter new mailing address, if applicable:

1970 CORPORATE SQUARE, SUITE B

(Mailing address MAY BE A POST OFFICE BOX)

LONGWOOD, FL 32750

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GENE PISCOPO

New Registered Office Address:

1970 CORPORATE SQUARE, SUITE B

Enter Florida street address

LONGWOOD

City

, Florida 32750

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

GENE PISCOPO, REGISTERED AGENT

REMOVED FROM OUR ROSTER

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BOBBY H. WROTEN	913 BEVERLY HARBOR DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		1970 CORPORATE SQUARE, SUITE B LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
MGR	CHARLES R. SALTER		<input type="checkbox"/> Remove
		1970 CORPORATE SQUARE, SUITE B LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
MGR	GENE PISCOPO		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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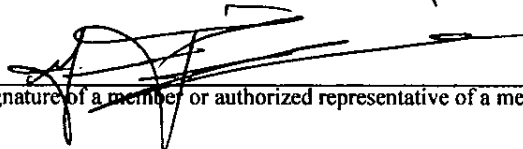
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TALLAHASSEE 19065A

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 25, 2015



Signature of a member or authorized representative of a member

GENE PISCOPO, MANAGER

Typed or printed name of signee