

L14000076860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

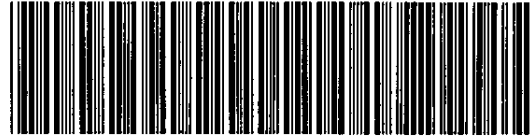
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

JUN 05 2014

BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP INTERNATIONAL AUTOMOTIVE PARTS AND ACCESSORIES 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:

LUIS A PEREZ

Name of Person

BPA ACCOUNTING SERVICES INC

Firm/Company

2030 S. DOUGLAS ROAD SUITE 119

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LUISPEREZ@BPAACCOUTNING SERVICES INC

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

For further information concerning this matter, please call:

LUIS A PEREZ

Name of Person

at 305 448.0542

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIP INTERNATIONAL AUTOMOTIVE PARTS AND ACCESORIES 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 MAY 12, 2014 and assigned
Florida document number L14000076860.

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 end with the words "Limited Liability 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)

8325 NW 56 STREET BAY 7

DORAL, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8325 NW 56 STREET BAY 7

DORAL, FL 33166

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:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OSVALDO VILLALOBOS	2375 NW 97TH AVENUE DORAL, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JUAN L. RONDA	2375 NW 97TH AVENUE DORAL, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RICHARD FLORES	8325 NW 56TH STREET BAY 7 DORAL, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANGEL ZAMUDIO	8325 NW 56TH STREET BAY 7 DORAL, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

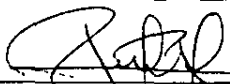
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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FL 32399

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

RICHAR FLORES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA