## L14000102838

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
· ·	Office Use On	ely



800265948488

10/31/14--01012--012 \*\*35.00

BUREAU OF COMMERCIAL INFORMATION SERVICES

RECEIVED

2015 JAN -9 AM 10: 51

JAN 22 2015 J. HARRIS

## **COVER LETTER**

то:	Registration Se Division of Cor			
emb n	JF AUTO	PARTS SERVICE		
SUBJ	ECI:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		RUBEN PACHECO		
			Name of Person	
		TAXES & ACCOUN	TING SERVICE	
			Firm/Company	
		8249 NW 36TH SUI	TE 120-A	6
			Address	<del></del>
		DORAL, FL 33166		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report r	notification)
For fur	ther information c	oncerning this matter, please c	all:	
RUB	EN PACHECO	)	305 418158	35
	Name o	f Person		time Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Dívisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327	Registration Sec Division of Cor Clifton Building	porations g
	Tallaha	ssee, FL 32314	2661 Executive	Center Circle

Tallahassee, FL 32301



November 25, 2014

RUBEN PACHECO TAXES AND ACCOUNTING SERVICES 8249 NW 36 ST DORAL, FL 33166

SUBJECT: J.F AUTO PARTS SERVICE, LLC

Ref. Number: L14000102838

We have received your document for J.F AUTO PARTS SERVICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the name of the company, the document number, and the file date on the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 714A00025067

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JF AUTO PARTS SERVICE, LLO		
(Name of the Limited Liabi (A Flori	l <mark>ity Company as it now appears on our rec</mark> da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 06/26/2014	and assigned
Florida document number L14000102838	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2015 SECTALL
(Principal office address MUST BE A STREET ADD	RESS)	
		AN -9 HASSE
F. A		EE.F
Enter new mailing address, if applicable:		Fish a
(Mailing address MAY BE A POST OFFICE BOX)		10: 51 STATE CORNO
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
<del></del>	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>	Address	Type of Action
MGR	JOSE ESTEBAN SENDAS	7300 W FLAGLER ST	■ Add
		MIAMI,FL 33144	Remove
			Remove
	<del></del>		Add
			☐ Remove
			ZOIS JAN -9 AM IO: 51 ve SEGRETARY OF STATE Remove
			□ Remove

ii amenung anj	other imormation, enter change(s) here: (Attach additional sheets, if necessar
<b>L</b>	
, · ·—-	<u>'</u>
•	
<del></del> _ <del></del>	
<del></del>	
Effective date, if (The effective date must the date this document)	other than the date of filing: (optional) st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nt is filed by the Florida Department of State)
OCTOR	•
Dated	7 20 17
	Signature of a member or authorized representative of a member
FERI	IANDO PIRELA
<del></del>	Typed or printed name of signee
	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE