

L14 000114066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 AUG 21 AM 11:40  
STATE OF TEXAS  
TALL MARSH, TEXAS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2014

CARMEN ROMERO-TEJEDA  
1130 E HALLANDALE BEACH BLVD SUITE C  
HALLANDALE BEACH, FL 33009

SUBJECT: AUTO CORPORATION PARTS PERFORMANCE LLC  
Ref. Number: L14000114066

We have received your document for AUTO CORPORATION PARTS PERFORMANCE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 014A00017457

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AUTO CORPORATION PARTS PERFORMANCE 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:

**CARMEN S. ROMERO-TEJEDA**

Name of Person

**CST BUSINESS & FINANCIAL SERVICES**

Firm/Company

**1130 E. HALLANDALE BEACH BLVD. STE C**

Address

**HALLANDALE BEACH, FL 33009**

City/State and Zip Code

**cstfinancial@cstgroup.us**

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

For further information concerning this matter, please call:

**CARMEN S. ROMERO-TEJEDA** at **(954) 610-3566**  
Name of Person 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

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

**COBRA MOTORS CA 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 JULY 21, 2014 and assigned Florida document number L14000114066.

This amendment is submitted to amend the following:

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

INTERNATIONAL PERFORMANCE AUTO PARTS LLC

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>
<u>AR</u>	<u>ROSAS GOMEZ, EDUARDO J</u>	<u>1600 SW 67 AVENUE NORTH LAUDERDALE, FL 33068</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>CABRERA, ROBERTH A</u>	<u>1600 SW 67 AVENUE NORTH LAUDERDALE, FL 33068</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>CABRERA, ROBERTH A</u>	<u>1600 SW 67 AVENUE NORTH LAUDERDALE, FL 33068</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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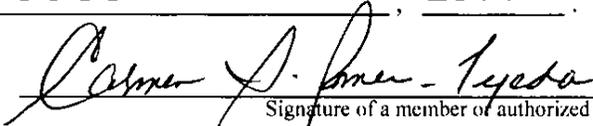
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 AUGUST 7, 2014



Signature of a member of authorized representative of a member

**CARMEN S. ROMERO-TEJEDA**

Typed or printed name of signee

15 AUG 21 11:14 AM  
STATE OF FLORIDA  
SECRETARY OF STATE