## Florida Denartment of State Pivison of Corporation Florida Denartment of State Pivison of Corporation Florida Denartment of State Pivison Filling Corporation

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Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Phone Fax Number

: (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVENPARTS IMPORT AND EXPORT LLC

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 Estimated Charge
 \$25.00

NOV 26 2014 J. HARRIS

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of 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avenparts Import and Export LLC (Name of the Limited Limite Com (A Floride Limite	ponty as it now appears on our rocords.)	<del>,</del>
The Articles of Organization for this Limited Liability Compa Florida document number L14000162412	ny were filed on 10/17/2014	bodgiess boe
This amendment is submitted to amend the following:		
A. If amonding name, enter the new name of the limited li	ability company here:	
N/A		
The new name must be distinguishable and end with the words "Limited L	lability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	11255 NE 88th St	
Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178	3 20
		< 25 Am
	· · · · · · · · · · · · · · · · · · ·	ပ်၊ 💥
Enter new mailing address, if applicable:	11255 NW 88th St	
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33178	
		50 Jan
R. If amanding the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:  N/A		enter the name of the new
New Registered Office: Address:	Enter Finrida street address	
	. Flori	id-
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<b>u</b>	-
I haveby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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:

itle	<u>Name</u>	•	Address	Type of Action
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<b>6 y</b> **********************************	ion, enter change(s) here: (Allach add	litional sheets, if necessary,)
		*(1)
Najajaki.a.		
Effective date, if other than the a (The effective date must be specific, conno	date of filing:  the prior to date of receipt or filed class and cann	(optional) in be more than 90 days after
Effective date, if other than the of the effective date must be specific, connot the date this document is filed by the Plot Dated November 14	date of filing:  If he prior to date of receipt or filed date and cannot be partment of State)  2014	(optional) on be more than 90 days after
Dated November 14	rida Department of Sture)	

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