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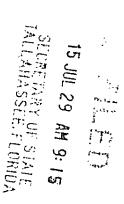
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(A	Address)
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PICK-UP	WAIT MAIL
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, T	Document Number)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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JUL 30 2015 J SHIVERS

COVER LETTER

SUBJECT:	Naction Pan	75 LLC	
	name of Lim	неа глаонку Сопрану	
The enclosed Articles of A	Division of Corporations JRJECT:		
Please return all correspon	ndence concerning this matter	to the following:	
	JONATHA	n Walder	
	Traction	Janes LLC	
		Firm/Company	
	19900 E Ga	INTRY Club Da. Ap	7308
	AVENTURE F	City/State and Zin Code	
		Chyrotate and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
JONATHAN	Walden	at (305) 4149	205
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	c following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

TRACTION PARTS LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000 4/644</u> .	were filed on $03/06/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1151 NW 159th DRIVE
(Principal office address MUST BE A STREET ADDRESS)	MiAmi FL33169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1151 NW 159th Daive Miomi, FL 33/69
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida C Zip Code
	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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
461	Edvando Echovennis	19900 E COUNTRY Club D.	147 308 11. □ Add
		Aventura Fl 33180	Remove
			Change
MGR	Margaira SNT:	1900 E Courtry Club Dr. Apr 10 Avenima FZ 33180	// 🕱 Add
		Averruna FZ 33180	☐ Remove
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Effect	ive date, if other than the date of filing: 07/27/5 (option		ö	- Table
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filt the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ling Hurs	not be	605.0207 (3) listed as the
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.i 90th day after the record is filed.		he ea	rlier of:
	l l			
Dated	<u>0+127/15</u> ,			
	Signature of a member or authorized representative of a member JONATHAN WAI dee Typed or printed name of signee			
	Signature of a member or authorized representative of a member			-
	JONATHAN WAlder			_
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00