

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080

Phone : (954)366-3850

Fax Number

954-633-7850

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

Email Address: TAXRIGHT 7@ JAHOO. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARTS & PACKAGE LLC

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Corporate Filing Menu

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To:

Fax:',+1 (850) 617-6383

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COVER LETTER

ТО		ition Secti of Corpo				
SU	PAI	RTS & PA	CKAGE LLC			
-			Name of Limit	ed Liability Company		
			nendment and fee(s) are submence concerning this matter to	_		
			EDUARDO DAVILA ACE	VEDO		
				Name of Person		
			PARTS & PACKAGE LLC			
				Firm/Company		
			11322 MIRAMAR PARKV	AY		
				Address		- (r)
			MIRAMAR,FLORIDA 330	25		
				City/State and Zip Code		
			TAXRIGHT7@YAHOO.CC			
		·	E-mail address: (to	be used for future annual i-	eport notification)	
For	further inform	nation con	cerning this matter, please cal	1:		
EI	EDUARDO DAVILA ACEVEDO			954 366 at ()	-3850	
		Name of Po	erson	Area Code	Daytime Telepho	ne Number
En	closed is a che	ck for the t	following amount:			
	\$25.00 Filing	g 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 To:

Fax: +1 (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARTS & PACKAGE LLC						
(Name of the Limite	d Liability Comp A Florida Lunited	any as it now appears o Liability Company)	n our records.)			
The Articles of Organization for this Limited Li Florida document number L15000098891	ability Company	y were filed on 06/05	/2015	and	d assign	ied
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited lia	bility company here	:			
N/A				Σs		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desi	gnation "LLC" or th		L.L.C.C	1 15 7 1
Enter new principal offices address, if applications	nble:	N/A		<u>></u> 滞	<u> </u>	
(Principal office address MUST BE A STREE				U224	2	perpendicular Prop. open.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A		SEL FLORID	AH 9: 28	
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, ent	ter the na	ame of	the
Name of New Registered Agent:	N/A					
New Registered Office Address:						
		Enter Florida street address				
			Florida			
		City		Zip	Code	

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

From: Amelia Basso

Fax: (954) 633-7850

To:

Fax: +1 (850) 617-6383

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GLADYS YVETTE APONTE	4392 CARAMBOLA CIRCLE NO	 a Add
		COCONUT CREEK,FL 33066	☐ Remove
			Change
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Filing Ree: \$25.00

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