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2017 APR -3 AM II: 14 SECRETARY OF STATE TAIL AHASSEE, FLORID,

K. SALY APR - 4 2017

## **COVER LETTER**

TO:	Registration Section Division of Corpora			
SUBJI	ECT:	Force	Parts LLC ted Liability Company	
	ten i	Mame of Cimi		e de la companya de l
The en	closed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponder	nce concerning this matter	to the following:	
	-	Or	W Simsek Name of Person	
		_	Name of Person	
	-	For	Firm/Company	<u>C</u>
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		900 1	VE 12 ave \$	±106
			Address	
	_	Hal	landale PL	33009
		a. l	City/State and Zip Code	mod-com
		E-mail address: (t	o be used for future annual rep	ort notification)
For fur	ther information conce	rning this matter, please ca	11:	
	Name of Per	Simsels	at (305) H	18-5725 Daytime Telephone Number
				•
Enclos	ed is a check for the fo	llowing amount:		
\$2:	5.00 Filing Fee C	1 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

2017 APR -3 AM 11: 14

PALLAHASSTE. FLORIOT

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Ll.C" 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:

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
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