

L150000163530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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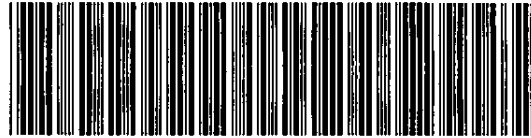
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
PRICE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FIRST CHOICE AUTOPARTS, 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:

JULIO C MOLINA

Name of Person

J.C. MOLINA & ASSOC

Firm/Company

8260 W. FLAGLER STREET STE 2-C

Address

MIAMI, FL. 33144

City/State and Zip Code

julio@jemolinaassoc.com

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

For further information concerning this matter, please call:

JULIO C. MOLINA

Name of Person

786

at ()

Area Code

797 8700

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST CHOICE AUTOPARTS, 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 SEPTEMBER 08, 2015 and assigned
Florida document number L15000163530.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 18900 SW 106 AVE, STE 101
(Principal office address MUST BE A STREET ADDRESS) CUTLER BAY FL. 33157

Enter new mailing address, if applicable: 18900 SW 106 AVE STE 101
(Mailing address MAY BE A POST OFFICE BOX) CUTLER BAY FL. 33157

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM BETHENCOURT	8260 W. FLAGLER STREET	<input checked="" type="checkbox"/> Add
		STE 2-C.	<input type="checkbox"/> Remove
		MIAMI, FL. 33144	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2016 JAN 25
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TALLAHASSEE, FL 32301

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JANUARY 18, 2016

Signature of a member or authorized representative of a member

CRISTHYAM L. ARANGUREN

Typed or printed name of signee