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2018 OCT 25 P ID: 37

SECRETARY OF STATE
TALLAHASSEE, FLORING

D. BRUCE OCT 26 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Toker Auto Body Pats, 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:	
Jesus Segovia Name of Person	
Inter Auto Body PEHS UC Firm/Company	
1635E 10th Avenue	
Holeah, FL 33010 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number C	
Enclosed is a check for the following amount:	5 O
\$25.00 Filing Fee \$\times \text{Solononial Solononial Fee & Certificate of Status}\$ \text{Certified Copy (additional copy is enclosed)}\$ \text{Certified Copy (additional copy is enclosed)}\$	tatus &

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

Inter Auto	Body Parts LLC
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	AHASS
New Registered Office Address:	m-c o
	Enter Florida street address
	, Florida -i Zin 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

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 = M $AMBR = A$	lanager uthorized Member	·	
<u>Title</u>	Name	Address	Type of Action
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		Higher FL 33010	Remove
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			🗖 Add
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te: If th	late, if othe e date is listed the date inser s effective d	ted in this	block does	not meet	the application	to gate of thi	ng or more th	an 90 days a	otional) fter filing.) this date v	Pursuant will not b	to 605.0 se listed
record he 90	l specifies th∙day aft	a delay er the r	ed effect ecord is f	ive date iled.	e, but no	t an effec	ctive time,	at 12:0	1 a.m. (on the	earlier
ed	10.	-21	11		<u> 2016</u>	·					

Page 3 of 3

Filing Fee: \$25.00