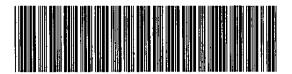
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(Re	questor's Name)	
(Ad	dress)	
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. (Cit	ty/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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BHILL SHOT SOLD

COVER LETTER

Division of Cor	porations		
Davison Au SUBJECT:	uto Parts, LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	William L, Davison, III		
		Name of Person	
	Davison Auto Parts, LLC		
		Firm/Company	
	3310 Phonetia Drive		
		Address	
	Deltona, FL 32738		
		City/State and Zip Code	
	davisonauto2016@gmail.co	om (to be used for future annual report notific	ention) = E
For firsther information of	oncerning this matter, please c	•	
	oncerning this matter, please c		HASSES TO
William L. Davison, III		at () 429-9729	1.1
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		STOP A
\$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)

TO:

Registration Section

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

Davison Auto Parts, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 2/17/16	and assigned
Florida document number L16000033688	·	
This amendment is submitted to amend the following	r ·	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
${\bf Enter\ new\ principal\ offices\ address,\ if\ applicable:}$		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		***************************************
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		CRE APS 21
New Registered Office Address:	France Flands and a 11	SER 0
	Enter Florida street address , Floric	
	City , FIOTIC	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Valerie Cooper	5221 Macadamia Court	Add
		Orlando, FL 32818	■ Remove
		 	☐ Change
			Remove
		 	Change
			Add
			☐ Remove
			Change
			Add
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			DRemove DRemove
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If an efformation in the interest in the inter	If the date inserted in this block does not rent's effective date on the Department of S	d cannot be prior to date of filing or more than 90 days neet the applicable statutory filing requirements, state's records. date, but not an effective time, at 12:0	, this date will not be listed a
Dated .	April 11	2016	n i má
Jaica ,	210	,	2016 APR
	Signature of a	member or authorized representative of a member	20 20 SSEE
		Typed or printed name of signee	A III 43
		Page 3 of 3	22 · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00