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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Palm Tiee Parts LLC Name of Limited Liability Company
The end	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Andrea Cabtera Name of Person
	Palm Fee Parts WC Firm/Company
	900 NE 12 av # 106
	Hallahdale FL 33WF City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
(Name of Person at AEA UULTUSI Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$ 25	.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$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

PALM TREE PARTS (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L.1600033892</u> .	were filed on <u>02/17/701</u>	6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	221 W Hallandale I	Beach, FL 33009
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	900 NE 12 Ave. # Hallandale	106 FL,33009
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	SS A Property of the Control of the
	Florida	TSS : CO
	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

If amending Authorized Person	(s) authorized to manage,	enter the title, name,	and address of eac	<u>h person bei</u>	ng added
or removed from our records:					

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Teil Muslu	900 NE 12 Ave #106	t Add
		900 NE 12 Ave #106 Hallandale FL, 33009	Remove
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e record specifies a delayed effect. The 90th day after the record is formatted 06/30/2016	FL.	·					

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Filing Fee: \$25.00