## 116000083777

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
0.15. ***		R PARTS SUPPLY LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		LUIS R. SMITH		
			Name of Person	
		TAXES USA LLC		
			Firm/Company	
		5892 STIRLING RD # 4		
			Address	
		HOLLYWOOD, FL 33021		
			City/State and Zip Code	<del></del>
		INFO@TAXESUSAMIAM		<del></del>
		E-mail address: (1	to be used for future annual report notif	lication)
For furt	her information c	oncerning this matter, please ca	all:	
LUIS R	L SMITH		305 470-2429 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>≡</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	Section	Street Address: Registration Se Division of Co	
	Division of C P.O. Box 632	<del>-</del>	The Centre of T	
	Tallahassee		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELLULAR PARTS SUPPLY LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed a Florida document number L16000083777	on 04/28/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)  ———————————————————————————————————	2021 OCI
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	nter 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 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>	Address	Type of Action
MGR	CARLOS J. CHOQUE	10545 STONEPOINT PL	<b>=</b> Add
		JOHNS CREEK GA 30097-5955	□Remove
			□Change
			□ Remove
			□Change
			□Add
			Remove
			-5 Plant 2 Pla
			□Add
			□Rеточе
			□Change
			□Add
			□Remove
			C.Ch.

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	<b>v</b>	BCI BCI
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		PN IZ
		15: 51 10A
		——————————————————————————————————————
fective date, if other than the	late of filing:	(optional)
an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.020 y filing requirements, this date will not be listed a
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
September 23	2021	
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