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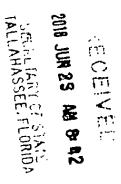
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COVER LETTER

	Registration Sec Division of Corp		•	
SUBJEC"	AJB AUTO	LLC		
SOUTH	• •	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please rett	urn all correspoi	idence concerning this matter t	to the following:	
		ANDREW BARBA		
			Name of Person	
		AJB AUTO LLC		
			Firm/Company	
		201 GLENELLEN PLACE	:	
			Address	
		SUN CITY, FL 33573		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report n	otification)
For furthe	r information co	ncerning this matter, please ca	II:	
Andrew F	Barba		813 951-5951	
	Name of	Person	at () Area Code Days	ime Telephone Number
Enclosed i	is a check for the	e following amount:		
\$25.00	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJB AUTO LLC				
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number 1.17000053056	ability Company	were filed on $\frac{03/07/2}{}$	2017	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
FIRST CLASS AUTO PARTS LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	201 GLENELLEN F	PLACE	
(Principal office address MUST BE A STREET		SUN CITY CENTE	R, FL 33573	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/oregistered agent and/or the new registered off			r records, <u>enter</u>	至量
Name of New Registered Agent:	ANDREW BA	RBA		SSEE IN
New Registered Office Address:	201 GLENELL			FL 0
	SUN CITY CE	<i>Enter Florida s</i> NTER	reet address Florida 33:	573 ま

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.

City

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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Title Name _□ Add ☐ Remove ☐ Change □ Add □ Remove □ Change ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _ Change

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Typed or printed name of signee

Filing Fee: \$25.00