

L17000124020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

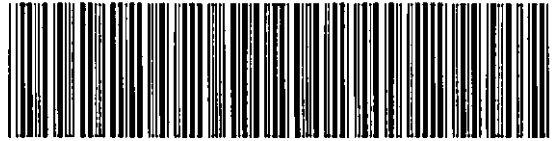
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*wrong form*

Office Use Only



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05/21/18--01008--025 \*\*25.00

FILED  
18 JUN 12 PM 4:20  
70

© SIMMONS

11th 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2018

ERICH SCHULTZ  
PO BOX 143502  
CORAL GABLES, FL 33114

SUBJECT: U.S. TRANSPORT PARTS, LLC  
Ref. Number: L17000124020

We have received your document for U.S. TRANSPORT PARTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 118A00010638

RECEIVED  
2018 JUN 12 AM 10:29  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: U.S. Transport Parts, 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:

Erich Schultz  
Name of Person

U.S. Transport Parts, LLC  
Firm/Company

4402 NW 74<sup>th</sup> Ave.  
Address

Miami, FL 33166  
City/State and Zip Code

Erich@ustransportparts.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erich Schultz at ( 305 ) 619.0586  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|
- \*previously  
sent. I filled  
out the wrong form.  
check was cashed.

**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**

U.S. Transport Parts, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/6/17 and assigned Florida document number L17000124020.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

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:**

SAME

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

4402 NW 74<sup>th</sup> Avenue  
Miami, FL 33166

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

SAME

**New Registered Office Address:**

4402 NW 74<sup>th</sup> Avenue

Enter Florida street address

Miami

City

Florida

33166

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 each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | <u>Address</u>                 | <u>Type of Action</u>                      |
|--------------|------------------------|--------------------------------|--|
| AR           | Erich Y. Schultz       | <del>4402 NW 74th Avenue</del> | <input type="checkbox"/> Add               |
|              | (Address change only.) | 4402 NW 74th Avenue            | <input type="checkbox"/> Remove            |
|              |                        | Miami, FL 33166                | <input checked="" type="checkbox"/> Change |
| AR           | Mario Trevilla         | 4402 NW 74th Avenue            | <input type="checkbox"/> Add               |
|              | (Address change only.) | Miami, FL 33166                | <input type="checkbox"/> Remove            |
|              |                        |                                | <input checked="" type="checkbox"/> Change |
|              |                        |                                | <input checked="" type="checkbox"/> Add    |
|              |                        |                                | <input checked="" type="checkbox"/> Remove |
|              |                        |                                | <input type="checkbox"/> Change            |
|              |                        |                                | <input type="checkbox"/> Add               |
|              |                        |                                | <input type="checkbox"/> Remove            |
|              |                        |                                | <input type="checkbox"/> Change            |
|              |                        |                                | <input type="checkbox"/> Add               |
|              |                        |                                | <input type="checkbox"/> Remove            |
|              |                        |                                | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA —

FILED  
JUN 12 5 16 23  
18

E. Effective date, if other than the date of filing: 6/1/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 5, 2018

E. Y. Schultz  
Signature of a member or authorized representative of a member

Erich Y. Schultz  
Typed or printed name of signee