

L17000129170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

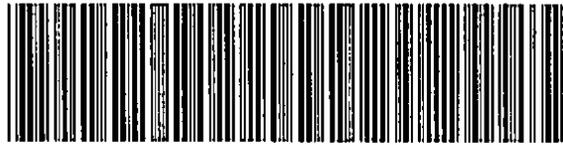
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG -7 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OEM 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:

RICARDO R CORTESE

Name of Person

OEM PARTS LLC.

Firm/Company

1335 OLD DIXIE HWY #12

Address

LAKE PARK, FL. 33403

City/State and Zip Code

RBAHN7@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO R CORTESE

954

464-1101

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

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**

O.E.M PARTS

(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 07/13/2017 and assigned Florida document number L17000129170

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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)

789 CRANDON BLVD

KEY BISCAIYNE , FL. 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1335 OLD DIXIE HWY 32

LAKE PARK FL 33403

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:

J EDUARD CARVALHO

New Registered Office Address:

789 CRANDON BLVD .

Enter Florida street address

KEY BISCAIYNE

City

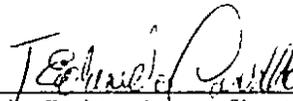
Florida

33149

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>
MGR	J EDUARD CARVALHO	789 CRANDON BLVD	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL. 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AGENT	MARSHALL SOCARRA & GRAN		<input type="checkbox"/> Add
		1335 OLD DIXIE HWY 32 B	<input checked="" type="checkbox"/> Remove
		LAKE PARK, FL. 33403	<input type="checkbox"/> Change
AGENT	RICARDO R CORTESE	1335 OLD DIXIE HWY 32	<input type="checkbox"/> Add
		LAKE PARK, FL. 33403	<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
			<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.)

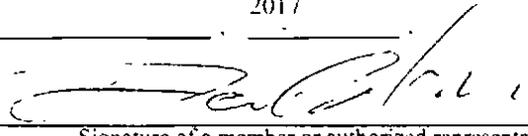
Multiple horizontal lines for amending information.

17 AUG - 7 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: JULY 20 2017 (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 JULY 30, 2017



Signature of a member or authorized representative of a member

RICARDO RCORTESE

Typed or printed name of signee