117000144640

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
`	,	,
PICK-UP	WAIT	MAIL
	F	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



800301360578

07/14/17--01012--001 **25.00

D BRUCE JUL 17 2017

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: PQ Auto Supplies 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:	
Yoshinga MEDLEY - JEN Name of Person	pwy
Pa Auto Supplies LLC Finn/Company	<u> </u>
5333 NW Address	Perez Ct
Port Saint Lucie, F City/State and Zip Code PQAUTO SUPPLIES & S E-mail address: (to be used for future annual report in	MAIL. apm mail-com-
For further information concerning this matter, please call:	r4
Yoshing Medley-Serroy at 571 S&S	5-18 24 XIII
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 24427611483	S60.00 Filing Fee, Concertificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building	porations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PQ Auto Supplied Company:	cs it now appears on our records.)
(A Florida Limited Liab	lity Company)
The Articles of Organization for this Limited Liability Company we	re filed on and assigned
Florida document number <u>L170001444640</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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)	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
 	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad	formance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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	Yoshing MEDLEY-JENNY	601 21st ST. Ste 300 VERO BEACH FC 32960	© Add
			Remove
			Change
			Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
		A C C C A C C	Add
		ASSLE FLORIOR	Remove Change
		0.7 20 70 70	N Add
		-	□ Remove
			Change
			_
			Remove
			🗆 Change

·								
-	•							
								
								
							- ~	
						·	2000年	
							F1. 12	
							<u> </u>	
							ma D	
							<u> </u>	
ffective (late, if other than th	e date of filin	or Tests	, 10 a	.O.I	(optional)	· · · · · · · · · · · · · · · · · · ·	3
an effectiv	e date is listed, the date mi	ust be specific and	d cannot be prior	r to date of filling o	or more than 90 da	ys after filing.	Pursuant to 605.	
	ic date inserted in this to seffective date on the l				ning requiremen	its, this date	will not be liste	1
	specifies a delaye			ot an effectiv	e time, at 12	2:01 a.m.	on the earlie	r
The 90	th day after the re	cord is filed.						
	5 \ . \ \		0017					
ated <u>ς</u>	July 70,		. <u>2017</u>	 ·				
		11						
	N	7.4						
		Signature of a	member or auth	orized representa	live of a member			

Page 3 of 3

Filing Fee: \$25.00