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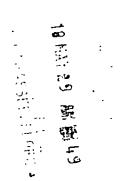
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MAY 30 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tomas Lopez Authorized Deuler Sor Swap On Tools 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:
Tomas Lopez Name of Person
Tomas Lopez Authorized Deuler Sox Snap ON Tools LLC.
5510 Kelly Ro
Plant City/State and Zip Code Snap ON to Amail COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tomas Lopez at (813), 967-6256 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & 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

Tomas Lupez Auther	ized Dealer for Shap ON looks
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Janu and assigned
Florida document number <u>L17000 26211</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Tomas Lopez Autheri	zed Deuler LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	- 1964 -
(Principal office address MUST BE A STREET ADDRESS)	L.d.
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of Nav. Pavietand Agents	
Name of New Registered Agent:	
New Registered Office Address:	Enter 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 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 = M $AMBR = A$	anager uthorized Member		
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Filing Fee: \$25.00