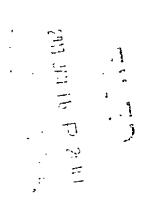
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D SCOTT

COVER LETTER

Division of Corporations
SUBJECT: BON AUTO 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:
Ronel A. Plaisir
Firm/Company
311 NW 42 nd St
PomPano Beach Fl 33064 City/State and Zip Code
RONPLAISIR & Gmail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Royal Plats (2) A at (631) 829 1764 . Name of Person Area Code Daytime Telephone Number .
nclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Solut

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bon Aun Pai	Rts LLC
(Name of the Limited Liability Compa) (A Florida Limited L	ny a <u>s it now appears on our records.)</u> iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \underline{L} 18000010.20	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	1-L-C
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	311 NW 42nd st POMPANO BEACH FL 33064
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida
	City Zip_Gode ·

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

w Registered Agent's Signature, if changing Registered Agent:

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>	Name	Address	Type of Action
			
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
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Page 3 of 3

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