## 1180000006653

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
<u></u>		
Special Instructions to F	Filing Officer:	
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Office Use Only



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A. BUTLER NAR 16 2022

## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

	ACCESSOYIES LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Arnoldo Sc	Name of Person
MT Electron	NCS ACCESSORIES LLC Firm/Company
7106 NW	GGTh ST Address
Tamara	City/State and Zip Code
E-mail address: (	to be used for future annual report notification)
for further information concerning this matter, please c	all:
Arnoldo Scalings	at (954) 756-3006 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square \square \$\$\$ \$30.00 Filing Fee \$\$\$ Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AT Electronics Access	Sovies LL2022 MAR -7 AM 6:36	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	s it now appears on our records.)  Ity Company)  SECRETAIN OF STATE  TALL AND SECRETAIN OF STATE	
m	: 1	1
The Articles of Organization for this Limited Liability Company were	re filed on and assigned	1
Florida document number <u>L 18000608683</u> .		
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 Co	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)		
D. 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1.		• .
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new reg	istere
Name of New Registered Agent:		
New Provintend Office Address		
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	. , ,	
provisions of all statutes relative to the proper and complete perfaccept the obligations of my position as registered agent as provi		
being filed to merely reflect a change in the registered office addi		

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>	Name	Address	Type of Action
MGR	Jose Salinas	7106 NW 66th ST Tamarac, FL 3332	XAdd
		Tamarac, FL 3332	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
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			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective Note: 1	e date, if other than the date of filing:
If the record record is file	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 d.
Dated 1	ebruary 28th 2022
	Signature of a member or authorized representative of a member
	Arnoido Salinas Typed or printed name of signee