118000019726

(Re	equestor's Name)		
(Ac	ddress)	 	
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:	·····	
		3	

Office Use Only



500309583965

02/23/18--01004--016 **25.00

10 LES 53 PH 7: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor		side and the second sec				
CUDI	A2Z PART						
SUBJI	Name of Limited Liability Company						
		Amendment and fee(s) are sub	_				
		FREDDY ACOSTA					
			Name of Person				
		A2Z PARTS LLC.					
			Firm/Company				
		6960 NW 36TH AVE. OF	FICE# 1				
			Address				
		MIAMI,FL 33147					
			City/State and Zip Code				
		freddyacosta@msn.com					
		E-mail address: (to be used for future annual report notifi	cation)			
For fu	rther information c	oncerning this matter, please c	all:				
FRED	DY ACOSTA		786 282 7500 at (
	Name o	f Person		Telephone Number			
Enclos	sed is a check for th	ne following amount:					
■ \$2	5.00 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

AZZ PAKTS LLC.		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liabili Florida document number L18000019726	ity Company were filed on 01/22/2018	and assigned
This amendment is submitted to amend the followin	ng:	
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 "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	* * * <u>*</u>
(Principal office address MUST BE A STREET AI	DDRESS)	ECHETARN LLAHASS FEB 23
Enter new mailing address, if applicable:		PA T
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	TATE ORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		ds, <u>enter the name of the new</u>
New Registered Office Address.	Enter Florida street addr	ess
_	<u> </u>	Florida Zip Code
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FREDDY ACOSTA	801 BRICKELL BAY DRIVE AP	= Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
<u></u>			☐ Add
		 	□ Remove
			☐ Change

			· · · · · · · · · · · · · · · · · · ·		
		 			
· · · · · · · · · · · · · · · · · · ·					
				 	8
					
					23
100 1 2 (120) 200 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2					PM 7:
·					=
					
			· · · · · · · · · · · · · · · · · · ·		
tive date, if other than the date fective date is listed, the date must be s	e of filing: pecific and cannot be pr	rior to date of fili	ng or more than 90 day	(optional) s after filing.) Pursuan	it to 605.0
If the date inserted in this block on the Depart	loes not meet the app	licable statutor	y filing requiremen	ts, this date will not	be listed
none a crective date on the Depart	ment of State 3 feeds	us.			
cord specifies a delayed eff	ective date, but	not an effec	tive time. at 12	:01 a.m. on the	earlier
90th day after the record					
CEDDIADV 10	2018	<i>/</i> :			
FEBRUARY 19	,	///	$\langle \rangle$		
		11	[/x=/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00