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Registration Section Division of Corporations

TO:

	E & PARTS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JORGE SAAVEDRA		
		Name of Person	
	AMERICA INCOME TAX	ζ	
		Firm/Company	<u> </u>
	2896 FOREST HILL BLV	D	
	,·	Address	·
	PALM SPRINGS, FL 3340	06	. 20
		City/State and Zip Code	
	jorgesaa@bellsouth.net		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
JORGE SAAVEDRA		561 8561739	(3) (3)
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAK CORE & PARTS, LLC

(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	13. <i>)</i>
The Articles of Organization for this Limited Liability Company Florida document number L18000030639	were filed on 02/02/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
;		
•		205
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 (2)
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	Title figure of the flew registerer
•		, , , , ,
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
(Enter Florida street addr	ess
		Florida
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, s provided for in Chapter 605	and I am familiar with and 5. F.S. Or, if this document is

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> Fitle</u>	Name	Address	Type of Action
AMBR	ORTEGA, KAREN	281 SW WHITMORE DR	□Add
		PORT ST. LUCIE, FL 34984	
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	r.		□Change
			☐ Remove
			· N Change
	<u> </u>		□ Add
			. 53 . 53 □Remove
			□Change
			□ Add
			□Remove
			Change
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ffective date, if	other than the da	te of filing:				(option	al)	
an effective date is l	other than the da isted, the date must be iscrted in this block	specific and ca	nnot be prior	o date of filing	or more than 9	0 days after fil	ing.) Pursu	ant to 605.02
ocument's effecti	ve date on the Depa	rtment of Stat	te's records.	ore statutory	mig require	ments, uns c	inc will li	or oc nated i
record specifies a Lis filed.	delayed effective da	ate, but not ar	effective ti	ne, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th	day after th
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