

L18 000058488

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(Address)

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STATE PART OF STATE
DIVISION OF CORPORATIONS
19 NOV 19 AM 9: 15

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAHARA AT TO PARIS LLC
Name of Limited Liability Company

FILED STATE
DIVISION OF CORPORATIONS
19 NOV 19 AM 9:15

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIELA PERLZ
Name of Person
AP BUSINESS CONSULTING LLC
Firm Company
8850 NW 97TH AVENUE UNIT 201
Address
DORAL, FL 33178
City, State, and Zip Code
APCONSULTING@12.GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

GABRIELA PERLZ 786 6028123
at 1
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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
Chiron Building
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED STATE
DIVISION OF CORPORATIONS
19 NOV 19 AM 9:15

SAHARA AUTO PARTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/06/2018 and assigned
Florida document number 118000058488

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

7255 NW 68 ST SUITE 15 MIAMI FL 33166

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7255 NW 68 ST SUITE 15 MIAMI FL 33166

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter changes) here: (Attach additional sheets, if necessary.)

NA

Multiple horizontal lines for amending information.

10/28/2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 28, 2019

Amaya Roger (Handwritten signature)

Signature of a member or authorized representative of a member

ROGER AMAYA - MANAGER

Typed or printed name of signer