41800012/146

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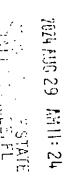
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COVER LETTER

Division of Cor	porations		
	HONDCUB	TRUCK PARTS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JOSE MUNOZ	
	 	Name of Person	
	Н	ONDCUB TRUCK PARTS LLC	
	Firm/Company		
	7525 NW 74TH AVE		
	Address		
		MIAMI, FL 33166	
		City/State and Zip Code	
		HONDCUB@LIVE.COM	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
LOSE N	MUNOZ	305 805-5990 at ()	
Name o	r Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

24 AUG 29 AH II: 21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

но	NDCUB TRUCK PARTS LLC		
(<u>Name of the Limited Lial</u> (A Flor	ollity Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL18000121146		05/16/2019	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited_liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET AD	DRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	REGISTER	ED AGENT INC.	
New Registered Office Address:	· · · · · · · · · · · · · · · · · ·	. NORTH, SUITE 300	····
	ST. PETERSBURG		33702
_	City	, Florida _	Zip, Codi
New Registered Agent's Signature, if changing Registe	ered Agent:		FET
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of l agent as provided for in C ered office address, I hereb	my duties, and I am Chapter 605, F.S. Or	familiar with and

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	<u>Address</u>	Type of Action
AMBR	PARRA. ANGEL	7525 NW 74 AVE	□Add
		MIAMI. FL 33166	■Remove
MGR	PARRA, ANGEL	7525 NW 74 AVE	
		MIAMI, FL 33166	LIRemove
			ClChange
AMBR	L & A HOLDINGS-1 LLC	30 N GOULD ST. STE R	
		SHERIDAN, WY 82801	□Remove
			□Change
			□Add
			Remove
			□Change
			GAdd F Bemove
			29
			ST. Gehange: T
			□Remove
			□Change

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	· 				
If an effective dat Note: If the da	e, if other than the date of c is listed, the date must be speate inserted in this block do	ecific and cannot be prior to ses not meet the applical	o date of filing or more th	optional) an 90 days after filing uirements, this date	;) Pursuant to 605.02 will not be listed
document s en	ective date on the Departm	ient of State's records.			
ne record specifiord is filed.	es a delayed effective date.	but not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b) Th	he 90th day Mer th
	AUGUST 20	2024))	2
		, _/			: · _ •
Dated		/			

Filing Fee: \$25.00