118000/128419

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OR)/Otate/Elp/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(assumed and the control of the cont
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

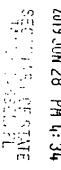
Office Use Only

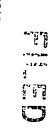


500331272055

06/28/19--01016--017 ••20.60

S TALLEN'
JUL 1 1 2019





Mad

COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT:	R M Tr Name of Limite	ans Parts d Liability Company	LLC
The enclosed Articles of Amen	dment and fee(s) are submi	itted for filing.	
Please return all correspondence	ee concerning this matter to	the following:	
_	Ramon	Reyes Name of Person	
	Bamon	Reyes Accor	unting
_	5035 F	Palm Ave	
_	Hialeah, rraccou	FL 33012 City/State and Zip Code nting 5035 a	yahoo.com
For further information concern			ication)
Ramon Bo	eyes	at (305) 822- Area Code Daytime	- 6669 Telephone Number
Enclosed is a check for the foll	owing 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
Clifton Building
2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VRM Trans 1	Parts LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L1800128619 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	19 JUN 28
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7111 Holater Trail Sw Runches, fl 33330
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7111 Holatee Trail SW Runches, FL 33330
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: Regula	o J Ravelo Gonzaliz
New Registered Office Address:	Holatee Trl Enter Florida street address
Southu	Est Ranches, Florida 33330 Zip Code
New Registered Agent's Signature, if changing Registered Agent	:

If Changing Registered Agent Signature of New Registered Agent

Page Pof 3

I hereby accept the appointment as registered agent and agree to act in his 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 herety confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title Name <u>Address</u> **Type of Action** 14749 SW 9th ST __ Add Yancssa Raxelo AMRR Pembroke Pines, Fl 33027 Remove 7/11 Holatee Trl DAdd MGR Regulo J. Ravelo Conzaliz SouthWest Ranches FL 33330 Remove _**X** Change ☐ Change □ Add ☐ Remove Change □ Add -☐ Remove ___ __ Add ☐ Remove ☐ Change

					_ .		
		. "	<u>.</u>				
							
			u- == · ·				
						_	
					•		
	<u> </u>						
	<u></u>						
							
		· · · · · ·			* **	<u></u>	

					••		
fective date, if ot n effective date is list ote: If the date inse cument's effective	led, the date must be erted in this block	specific and can does not meet	not be prior to da the applicable	ate of filing or mo	re than 90 days at	fter filing.) Pursuar	
record specifie The 90th day a	fter the record	ifective date	e, but not ar	n effective tii	me, at 12:0:	1 a.m. on the	earlier o
ted Jun	26th		2619				
	A STATE OF THE STA	Junus					
X	- Sig	District of a riking	Per or authorize	d representative o	f a member		

Page 3 of 3

Filing Fee: \$25.00