

48000152169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600317019436

08/20/18--01035--013 **55.00

FILED

18 AUG 20 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2018

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO PARTS RESALE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WAYNE LARMAN

Name of Person

AUTO PARTS RESALE LLC

Firm/Company

3200 NW 46TH ST APT 208

Address

FT LAUDERDALE FLORIDA 33309

City/State and Zip Code

WAYLARM@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAYNE LARMAN

305 797-7067
at ()

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)

Florida Dept of State

✓
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

AUTO PARTS RESALE, LLC

The Articles of Organization for this Limited Liability Company were filed on JUNE 20, 2018 and assigned Florida document number L18000152169.

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 "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(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:

New Registered Office Address:

Enter Florida street address

Florida

Civ

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 18 AUG 28 PM 5:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

10 AUG 20 PM 1:3
SECOND LANE OF STATE
TALLAHASSEE, FLORIDA

18 AUG 20 PM 1:53
SECOND LANE OFF STATE
TALLAHASSEE, FLORIDA

FILED

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.

(b) The 90th day after the record is filed.

Dated AUGUST 13 2018

AUGUST 13

Wayne Karunyan

Signature of a

Signature of a member or authorized representative of a member

WAYNE LARMAN

Typed or printed name of signee