

L190000016093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

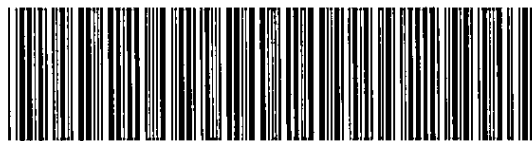
(Business Entity Name)

(Document Number)

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MAY 14 2019

FILED  
2019 MAY 10 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Amard*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2019

BERENICE IPIA-FELICIANO  
PRATS FERNANDEZ & CO., P.A.  
999 PONCE DE LEON BLVD, STE 1110PH  
CORAL GABLES, FL 33134

SUBJECT: HWA WHOLESALE AUTO PARTS, LLC  
Ref. Number: L19000016093

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00009088

*Rec. 5/10/19*

**Berenice Ipia-Feliciano**

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**From:** corphelp [corphelp@DOS.MyFlorida.com]  
**Sent:** Wednesday, May 08, 2019 12:38 PM  
**To:** Berenice Ipia-Feliciano  
**Subject:** second rejected Amendment

Thank you for your call today. Here is the other letter that we discussed.

Thank you.

Lee Rivers, Internet Support Section  
Florida Division of Corporations

May 6, 2019

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Susan Tallent  
Regulatory Specialist II Letter Number: 619A00009088

[www.sunbiz.org](http://www.sunbiz.org)  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

**RECEIVED**  
MAY 10 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HWA WHOSALE AUTO PARTS, 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:

BERENICE IPIA-FELICIANO  
Name of Person  
PRATS FERNANDEZ & CO., P.A.  
Firm/Company  
999 PONCE DE LEON BLVD. STE 1110PH  
Address  
CORAL GABLES, FL 33134  
City/State and Zip Code  
ADMIN@PRATSFERNANDEZ.COM  
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

BERENICE IPIA-FELICIANO at ( 305 ) 444 8333  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HWA WHOLESALE 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 01-14-2019 and assigned Florida document number L19000016093.

This amendment is submitted to amend the following:

**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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED  
2019 MAY 10 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

Enter new mailing address, if applicable:

(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 \_\_\_\_\_  
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>
MGR	SIMONES FONTES, ALLYSON	P.O BOX 140970	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PFCO CONSULTING LLC	PFCO CONSULTING LLC	<input type="checkbox"/> Add
		999 PONCE DE LEON BLVD.STE 1110	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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